WATERVILLE POLICE DEPARTMENT
CITIZEN COMPLAINT AGAINST EMPLOYEE

INCIDENT DETAILS

Date _____ Time _____ Report # _____ Location _____

COMPLAINANT

Name _____ Address _____
Street City State Zip

Phone _____ Alt. Phone _____ E-Mail (Optional) _____

DESCRIBE INCIDENT

Use Additional Sheets, If Necessary

OFFICER(S) INVOLVED

1. _____ 2. _____ 3. _____

WITNESSES

Name _____ Address _____
Street City State Zip

Phone _____ Alt. Phone _____ E-Mail (Optional) _____

Name _____ Address _____
Street City State Zip

Phone _____ Alt. Phone _____ E-Mail (Optional) _____

Name _____ Address _____
Street City State Zip

Phone _____ Alt. Phone _____ E-Mail (Optional) _____

ATTESTATION

I hereby certify that all facts are true and accurate, to the best of my knowledge. I understand that knowingly making a false allegation of misconduct against a law enforcement officer is a criminal offense under the Ohio Revise Code.

_____ _____
Complainant's Signature Date

(Rev. 7/2013)