

CINCINNATI POLICE DEPARTMENT

CITIZEN COMPLAINT OR INFORMATION

DATE OF INCIDENT _____ TIME OF INCIDENT _____ A.M. _____ P.M.

LOCATION OF INCIDENT _____

OFFICER'S NAME, BADGE NUMBER, UNIT OF ASSIGNMENT, OR CAR NUMBER (if known)

COMPLAINANT'S INFORMATION

NAME _____
(Last, First, Middle)

SEX _____ RACE _____ DOB _____ SSN _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

CURRENTLY LIVING AT _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

PAGER NUMBER _____ CELLULAR PHONE NUMBER _____

EMPLOYER/OCCUPATION _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WITNESS' NAME _____ PHONE _____

WITNESS' ADDRESS _____ ZIP CODE _____

PAGER NUMBER _____ CELLULAR PHONE NUMBER _____

DETAILS (use additional sheets if needed) _____

Signature of Complainant Date Person Assisting Date

It is a violation of Ohio law to file a false Complaint against a police officer (Ohio Revised Code 2921.15)

CCRP IIS

FOR DEPARTMENT USE ONLY

OTHER OFFICERS INVOLVED:

OFFICER _____	UNIT _____	BADGE NO. _____	WORKING HRS. _____
OFFICER _____	UNIT _____	BADGE NO. _____	WORKING HRS. _____
OFFICER _____	UNIT _____	BADGE NO. _____	WORKING HRS. _____
OFFICER _____	UNIT _____	BADGE NO. _____	WORKING HRS. _____

COMPLAINANT INTOXICATED? YES NO INDICATIONS OF IMPAIRMENT (slurred speech, bloodshot eyes, etc.) _____

COMPLAINANT/SUBJECT'S PHYSICAL CONDITION:

NO INJURY NOTED OBVIOUS INJURY NOTED
EXPLAIN IN DETAIL LOCATION/TYPE OF INJURY _____

DOES COMPLAINANT/SUBJECT EXHIBIT ANY UNUSUAL BEHAVIOR? YES NO

IF YES, EXPLAIN _____

PHOTOGRAPHS ATTACHED? YES NO
TAPED STATEMENTS ATTACHED? YES NO
WORK SHEETS ATTACHED? YES NO
MEDICAL RELEASE ATTACHED? YES NO
MDT ATTACHED? YES NO

CAD NUMBER _____ OFFICER'S CAR NUMBER _____
(Attach a copy of any division report made relating to this complaint)

REMARKS _____

IF TAKEN BY PHONE, LINE NUMBER _____ TIME _____ DATE _____
(Attach district telephone tape of conversation)

RECEIVED AT (district/section/unit) _____
DATE _____ TIME _____
BY (Officer) _____ BADGE NO. _____

FOR CHIEF'S OFFICE USE ONLY

ASSIGNED FOR INVESTIGATION TO _____

BY _____ DATE _____

IIS NUMBER _____ IIS INVESTIGATOR _____