(Please fill out this form in INK and in its entirety.)

COMPLAINT NUMBER _____
(To be filled in by Police Department)

CITIZEN COMPLAINT FORM
City of Akron Police Department
217 S. High St.
Akron, Ohio 44308

The citizen complaint procedure provides individuals with the opportunity to lodge a complaint alleging misconduct or wrong doing on the part of a member of the Akron Police Department.

YOUR NAME: _____
First M.I. Last

YOUR ADDRESS: _____
Number Street City Zip Code Home Phone

YOUR EMPLOYER: _____
Name of Employer Working Hours Employer Phone Number

(If you are a parent filing a complaint on behalf of your minor child, please include his/her name and D.O.B. in narrative.)

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DATE/TIME of Incident: _____

LOCATION of Incident: _____

NAMES, I.D. NUMBERS, and CRUISER NUMBERS of OFFICERS INVOLVED (List all that you know.):

_____

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NARRATIVE: (Give specific facts below. State exactly the actions of the officer(s) that cause you to complain)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Please attach additional pages for the narrative, if necessary)

R.C. 2921.15 (B) "No person shall knowingly file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegations is false. Violation of this section is a misdemeanor of the first degree. (3-22-01)" I understand that by signing this complaint, and if the complaint is UNFOUNDED, I could be charged criminally.

_____ _____
(Signature of Complainant) (Date) (Complaint Received By) (Date)