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

YOUR EMPLOYER: _____________________________________________________________
Name of Employer                                                         Working Hours                                 Employ
er 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.)

DATE/TIME of Incident: ______________________________________________________

LOCATION of Incident: _________________________________________________________

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

NARRATIVE: (Please be specific. State exactly the actions of the officer(s) that cause you to complain)

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(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 allegation 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 found to have been filed with false intent, I could be charged criminally.

(Signature of complainant)       (Date)       (Complaint Received By)      (Date)