



## **Akron Police Department Citizen Complaint Process**

It is the policy of the Akron Police Department to accept and review all citizen complaints regarding police service, policy, procedure, or personnel. The citizen complaint process is available to anyone who believes our personnel may have performed in a manner that is in violation of our rules, the law, and/or a citizen's rights. The fair, factual, and objective investigation of complaints is a priority.

### **How to File a Complaint**

If you believe an officer or employee of the police department did something wrong, get the officer or employees' name, badge or identification number, car number, or other identifying details so we can determine who is involved. If witnesses were at the scene, get their names and contact information. Collect any evidence you believe is related to your complaint.

Complaints may be filed in person, via telephone, via mail, via e-mail, or may be filed anonymously. They may also be filed by contacting the independent police auditor at:

**OFFICE OF THE POLICE AUDITOR  
175 SOUTH MAIN STREET, SUITE 103, ROOM 120  
330-375-2705  
330-375-2924, Fax.  
policeauditor@akronohio.gov**

Complaint forms are available on-line at [Akroncops.org](http://Akroncops.org) and at the information desk located inside the police department. A complaint form may be dropped off at your house upon request or mailed to you if you desire. Once the complaint form is completed, return it to the police department at 217 S. High St. Akron, OH 44308 room 511 or e-mail it to [apdcomplaints@akronohio.gov](mailto:apdcomplaints@akronohio.gov).

### **Who Investigates Complaints?**

Citizen complaints are investigated by a police supervisor. The investigator will conduct a detailed investigation of the incident and gather statements from you and witnesses. Your assistance is critical and additional information may be needed.

Once the investigation is complete, it will be reviewed by the investigator's supervisor and the Office of Professional Standards and Accountability. Please be aware that a detailed investigation and review of the facts can take time. Investigations are typically completed within 90 days after filing the complaint. You may contact Patrol Operations at 330-375-2900 to learn the status of your complaint.



# AKRON POLICE CITIZEN COMPLAINT FORM

217 South High Street \* Akron, Ohio \* 44308

Phone: 330-375-2900 \* Fax: 330-375-2135 \* [apdcomplaints@akronohio.gov](mailto:apdcomplaints@akronohio.gov)



Complainant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Best Times to Contact: \_\_\_\_\_

Complete this section ONLY if you are filing on behalf of a minor or disabled person. Otherwise, please skip to next section.

Complainant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you arrested?  No  Yes If yes, for what offense? \_\_\_\_\_  
 Did you require medical attention?  No  Yes If yes, what medical facility? \_\_\_\_\_  
 Will you sign a medical release form?  No  Yes  NA

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_ Badge/ID#: \_\_\_\_\_  
 Description of Officer: \_\_\_\_\_ Cruiser #: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_ Badge/ID# \_\_\_\_\_  
 Description of Officer: \_\_\_\_\_ Cruiser #: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_ Badge/ID#: \_\_\_\_\_  
 Description of Officer: \_\_\_\_\_ Cruiser #: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_ Badge/ID# \_\_\_\_\_  
 Description of Officer: \_\_\_\_\_ Cruiser #: \_\_\_\_\_  
 Witness Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Witness Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

THE ORIGINAL COMPLAINT WILL BE FORWARDED TO THE OFFICE OF PATROL OPERATIONS  
 By Mail or delivered in person: 217 South High Street Akron, OH 44308 5<sup>TH</sup> Floor Room 511  
 By Email: [apdcomplaints@akronohio.gov](mailto:apdcomplaints@akronohio.gov) -- By Fax: (330-375-2135)

### DO NOT WRITE BELOW THIS LINE

FOR APD USE ONLY Revised May 19, 2020

Complaint #: \_\_\_\_\_ Unit/District/Cruiser #: \_\_\_\_\_ Report #: \_\_\_\_\_  
 Nature of Complaint: \_\_\_\_\_  
 Complaint Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Incident:

Section 2921.15(B) of the Ohio Revised Code states that any person who knowingly files a false complaint of misconduct against a police officer is guilty of a misdemeanor of the first degree.

You acknowledge that your above statements are true, and correct, to the best of your knowledge.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A parent/guardian must sign on behalf of a minor.