



Ryan Starns, Chief of Police
www.grandviewheights.org

CITIZEN COMPLAINT – POLICE DEPARTMENT

Complainant Name: _____ Phone Number: _____

Address: _____ Email: _____

Race (Optional): _____ Gender (Optional): _____

Date of Incident: _____ Time of Incident (am/pm): _____

Location of Incident: _____

Officer's Name: _____ Badge Number: _____

Details of Incident:

Signature of Complainant **Date** **Time**
(Due to contractual agreement, this form must be signed to ensure a formal investigation and resolution.)

FOR OFFICE USE ONLY

Received by Police Personnel

Date: _____ Time: _____

Name of Employee: _____ Title: _____

FACTS OF THE INVESTIGATION WILL BE ATTACHED TO THIS FORM

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