



PAINESVILLE POLICE DEPARTMENT
CITIZEN COMPLAINT

COMPLAINT NUMBER: _____

The Painesville Police department hereby acknowledges the receipt of a complaint filed against one of its members on (date): _____

Name of Complainant: _____

Address of Complainant: _____

Phone of Complainant: _____

The Painesville Police Department takes each complaint seriously and strives to complete a thorough investigation of allegations of any officer misconduct.

You may contact the assigned investigator at any point during the process with any questions or concerns.

Upon completion of investigation, the complaint will be forwarded to the Chief of Police, or his/her designee, who will review the complaint and make a determination of action.

Signature of Accepting Employee: _____

Date: _____

(Give one copy to complainant)



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1. PERSONNEL INVOLVED:

Name: _____ Rank: _____ Badge No. _____

2. PERSON MAKING COMPLAINT:

Name: _____

Address: _____

Phone: (____) _____ Other/Work: (____) _____

3. DESCRIPTION OF INCIDENT: (reporting individual may write on back or attach statements)



DESCRIPTION OF INCIDENT CONTINUED:

4. RECEIVED BY:

Name: _____ Date: _____ Time: _____

Method Received:

In Person: _____ Phone: _____ Written: _____