

<input type="checkbox"/> EMPLOYEE COMPLAINT <input type="checkbox"/> OFFICE COMPLAINT		COMPLAINT #	
COMPLAINANT INFORMATION			
DATE:	TIME:	REPORTING PARTY NAME: <input type="checkbox"/> ANONYMOUS	
ADDRESS:		SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
PRIMARY PHONE:		E-MAIL ADDRESS:	
NATURE OF COMPLAINT:		DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION OF INCIDENT:		EMPLOYEE(S) INVOLVED: (Names, Badge #s, Cruiser #s)	
WITNESS NAME:	WITNESS ADDRESS:		WITNESS PHONE:
WITNESS NAME:	WITNESS ADDRESS:		WITNESS PHONE:
The following demographic information is voluntary and not required. However, it may assist with identifying potential patterns and/or trends:			
Gender: <input type="radio"/> Male <input type="radio"/> Female Race/Ethnicity: <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Other <input type="radio"/> Other <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White/Caucasian			
Do you have a disability by the Americans with Disabilities Act (ADA)? <input type="radio"/> Yes <input type="radio"/> No			
Were you arrested? <input type="radio"/> No <input type="radio"/> Yes. If yes, for what reason? _____			
Did you require medical attention? <input type="radio"/> No <input type="radio"/> Yes. If yes, what medical facility? _____			
Will you sign a medical release form? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A			
NARRATIVE: (In your own words, explain WHAT happened, WHERE , and WHO was involved.)			



SHERIFF JACK M. HALL

LORAIN COUNTY SHERIFF'S OFFICE

9896 MURRAY RIDGE ROAD - ELYRIA, OHIO 44035

(Continue on the back or attach additional pages if necessary)

Completed forms can be faxed or mailed to the **Lorain County Sheriff's Office**
9896 Murray Ridge Road, Elyria, Ohio 44053
Phone: (440) 329-3710 • FAX: (440) 329-3721

Ohio Revised Code 2921.15 (B) "No person shall **knowingly** file a complaint against a peace officer alleging that the peace officer engaged in misconduct in performing the officer's duties **if the person knows that the allegations are false**. Violation of this section is a misdemeanor of the 1st degree." I understand that by signing this complaint if a subsequent investigation determines that I knowingly made false allegations of misconduct against a peace officer, I may be prosecuted criminally.

I certify that the forgoing statement is true and correct and that no threats, promises, or inducements have been made to me regarding my statement/complaint (If under age 18, signature of parent or guardian required):

Reporting Party Signature:	Received by:	Date:



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9896 MURRAY RIDGE ROAD - ELYRIA, OHIO 44035

OFFICE USE ONLY

COMPLAINT RECEIVED BY:

DATE:

ASSISTING EMPLOYEE:

COMPLAINT METHOD:

☐ IN-PERSON ☐ BY PHONE ☐ MAIL ☐ E-MAIL ☐ OTHER (DESCRIBE)

COMPLAINT TYPE (TO BE COMPLETED FOR COMPLAINTS ONLY):

☐ MINOR COMPLAINT

☐ MAJOR COMPLAINT

☐ OFFICE OR ANONYMOUS COMPLAINT

ACKNOWLEDGMENT / DISPOSITION OF COMPLAINT

SHERIFF/CHIEF DEPUTY/MAJOR:

DATE:

ASSIGNED SUPERVISOR:

ASSIGNED DATE:

SUPERVISOR COMMENTS:

DISPOSITION:

☐ Resolved (No further action required) ☐ See Supervisor Report.