

# SHAWNEE HILLS POLICE CITIZEN COMPLAINT FORM



Fill this form out completely. By signing and forwarding this form, you are initiating a complaint investigation process. Anyone filing a false or fraudulent complaint on the department or its employees may be subject to civil or criminal prosecution. You will be contacted within five business days by a Supervisor/Investigator upon receipt of your complaint. If you have any questions about this process, please call a supervisor at 614-889-8258 x102.

<b><u>DATE:</u></b>	<b><u>COMPLAINANT'S NAME:</u></b>	
<b><u>TIME:</u></b>		
<b><u>COMPLAINANT'S ADDRESS:</u></b>		<b><u>COMPLAINANTS CONTACT INFORMATION:</u></b>
<b><u>EMPLOYEE(S) NAMES:</u></b>		Home:
		Work:
		E – Mail:
<b><u>DATE AND TIME OF INCIDENT OF WHICH COMPLAINT IF BEING FILED:</u></b>		

**NARRATIVE:** *(Please be specific and attach additional sheets if necessary)*

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

*(Supervisor receiving the Compliant)*

\_\_\_\_\_  
Date

**Department Instructions: Forward completed form to the Patrol Sergeant with a copy to the Chief of Police and Lieutenant**