

SHEFFIELD VILLAGE POLICE DEPARTMENT

OFFICER COMPLAINT FORM

Date: _____, 20__ Complaint Number: _____

Name: _____ (First) (M) (Last)

Address: _____

(Street) (City) (ST) (Zip) Phone Number: _____ Phone

Number: _____ Age: _____ Social Security

Number: _____ License Number _____ I wish to register a formal

complaint against Officer: _____ Or car number: _____ Date of

Incident: _____, 20__ Time of Incident _____ am/pm Location of

Incident: _____ Details of

Complaint:

(attach additional sheets if necessary)

I understand, and it is my desire that this complaint will be investigated diligently. I further understand that if the investigation proves these allegations to be false, I may be liable to both criminal and civil prosecution. I also understand that in some cases I may be asked to submit to a truth verification examination as a part of this investigation. I certify that the above statements are true to the best of my knowledge and beliefs.

Date: _____, 20__ Signature: _____ Parent/Guardian

Signature if Minor is complainant: _____