



POLICE DEPARTMENT

How to Initiate a Citizen Complaint

Trust between the police and the community is essential to effective law enforcement. It is critical that a police department establish a relationship of trust and confidence with its community and deliver public safety services in a fair and impartial manner. In order to nurture and preserve that relationship, public confidence must be maintained in the ability and willingness of the Police Department to investigate and properly adjudicate allegations of misconduct made against its employees. Retaliation of any kind by an Lorain Police Department Employee against a complainant that files a citizen complaint will not be tolerated and should be immediately be reported to the Office of Professional Standards.

The Citizen Complaint form should be completed whenever an employee of the Lorain Police Department has allegedly acted in an improper manner. This can include, but is not limited to alleged illegal, unethical, or unprofessional conduct.

Whenever possible, the Citizen Complaint form should include as much information as possible, to include the identity of all persons involved in the alleged incident including the officer(s), witnesses; the specific behavior of the department employee and/or nature of the alleged misconduct; the date, time, and location of the incident occurred. The Citizen Complaint Form should be thoroughly completed and returned to the Lorain Police Department within 30 days of receipt. Your concerns will be investigated, and you will be informed in writing of the outcome of the investigation.

Substantiated allegations can lead to serious consequences including verbal and/or written reprimands, suspension, and even termination of an employee. The Lorain Police Department takes complaints against employees seriously and as noted above, will thoroughly investigate allegations of misconduct. Complaints that are found to be intentionally false and/or malicious may result in criminal and/or civil liability on the part of the complainant.

Completed Citizen Complaint forms may be returned to the Lorain Police Department in person, or mailed to the Lorain Police Department, Office of Professional Standards, 100 W. Erie Avenue, Lorain, Ohio 44052. Citizen complaint forms may also be emailed to: Lorpolicecomplaints@cityoflorain.org.

If you have any questions or need any assistance in filing your complaint, please contact the Office of Professional Standards at (440) 204-2107.

Very Truly Yours,

JAMES McCANN
Chief of Police



LORAIN POLICE DEPARTMENT CITIZEN COMPLAINT FORM

OFFICE OF PROFESSIONAL STANDARDS
100 WEST ERIE AVENUE • LORAIN, OHIO 44052
PHONE: (440) 204-2107 • FAX (440) 204-2557
E-MAIL: LORPOLICECOMPLAINTS@CITYOFLORAIN.ORG

<input type="checkbox"/> EMPLOYEE COMPLAINT		<input type="checkbox"/> DEPARTMENT COMPLAINT		LPD INCIDENT #
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 in accordance with 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.)				



LORAIN POLICE DEPARTMENT CITIZEN COMPLAINT FORM

OFFICE OF PROFESSIONAL STANDARDS
100 WEST ERIE AVENUE • LORAIN, OHIO 44052
PHONE: (440) 204-2107 • FAX (440) 204-2557
E-MAIL: LORPOLICECOMPLAINTS@CITYOFLORAIN.ORG

(Continue on back or attach additional pages if necessary)

Completed forms can be faxed, mailed or e-mailed to:	Lorain Police Department Office of Professional Standards 100 W. Erie Avenue, Lorain, Ohio 44052 Phone: (440) 204-2107 • FAX: (440) 2557 E-mail: LORPOLICECOMPLAINTS@CITYOFLORAIN.ORG
---	---

Ohio Revised Code 2921.15 (B) "No person shall **knowingly** file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of 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, that 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:



LORAIN POLICE DEPARTMENT CITIZEN COMPLAINT FORM

OFFICE OF PROFESSIONAL STANDARDS

100 WEST ERIE AVENUE • LORAIN, OHIO 44052
PHONE: (440) 204-2107 • FAX (440) 204-2557
E-MAIL: LORPOLICECOMPLAINTS@CITYOFLORAIN.ORG

DEPARTMENT 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

DEPARTMENT OR ANONYMOUS COMPLAINT

ACKNOWLEDGEMENT / DISPOSITION OF COMPLAINT

CHIEF OF POLICE AND/OR EXECUTIVE CAPTAIN:

DATE:

ASSIGNED SUPERVISOR:

ASSIGNED DATE:

SUPERVISOR COMMENTS:

DISPOSITION:

Resolved (No further action required) See Supervisor Report Internal Affairs Investigation IA#