## LORAIN POLICE DEPARTMENT COMPLAINT FORM

Name & Address of Complainant:		POLICE
Home/Cellular Phone Number:		
Work Phone Number:		
Date of Birth:		
Social Security Number:		
Name and Phone Number of any witness		
		ν,
Name(s) of Employee(s) you wish to file c	omplaint against (if kn	own).
DEPARTM	ENT USE ONLY	
Allegation of Misconduct	Inquiry_	
Complaint received by:		_
Date received		-
Method received From Complainant	US Mail Record	ds E-mail

## Ohio Revised Code2921.15 Making false allegation of peace officer misconduct.

- (A) As used in this section, "peace officer" has the same meaning as in section  $\underline{2935.01}$  of the Revised Code.
- (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 allegation is false.
- (C) Whoever violates division (B) of this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree

## **COMPLAINANT STATEMENT**

Date Incident Occurred:
Location of Incident:
Incident # (If known):
BRIEFLY STATE THE NATURE OF THE ALLEGATION (What it is the employee is alleged to have done, or failed to do; what were the conditions or circumstances at the time; and what resulted).

Signature:	Date:
	(use additional sheets if necessary)
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