



PERRY TOWNSHIP POLICE DEPARTMENT
FRANKLIN COUNTY
COMPLIMENT AND COMPLAINT FORM



Department Use Only:	Compliment No: _____	Complaint No: _____	Internal Affairs No: _____
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*Form Distribution: Forward original form to Chief of Police, including complimentary letter, if applicable.
Copies to: Involved employee(s) if known, assigned investigator, involved employee(s) file.*

Personnel Involved: (List additional personnel in narrative below)

Rank, name, and badge _____

Rank, name, and badge: _____

Person making compliment/complaint:

Male Female

Full name _____ Date of Birth (MM/DD/YYYY) _____

Street address, city, state, ZIP _____ Phone No. _____ Email _____

Race, if known:	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> White	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other:

Incident Location:

Address: _____

Street Address _____ City _____ State _____ ZIP _____

Type of Premises _____

Date _____ Time _____

Brief Description of Incident: (If complaint, specify allegations. If more space is needed, use back of this form, or an additional sheet of paper).

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. I ALSO UNDERSTAND THAT KNOWINGLY MAKING FALSE ALLEGATIONS OF POLICE OFFICER MISCONDUCT CAN BE INVESTIGATED AS A CRIMINAL MATTER PURSUANT TO O.R.C. 2921.15.

Signature _____ Date _____ Time _____

Witness name: _____ **Address:** _____ **Phone No.:** _____

Compliment/Complain Received By:

Rank, name, and badge: _____

Method received: Telephone Letter Personal Contact Email Other: _____

Department Use Only:	
Complaint Assigned To: _____	Date _____ Time _____
<input type="checkbox"/> Complaint withdrawn <input type="checkbox"/> Resolved on initial contact	Supervisor's name _____ Initials: _____