

Complainant Name:

## CITIZEN COMPLAINT FORM

## INVESTIGATIVE COORDINATOR / CITIZEN REVIEW BOARD

\_ Date of Birth: \_

PD CAD#\_\_\_\_

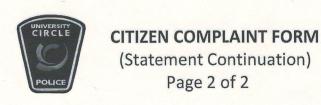
12100 Euclid Avenue • Cleveland, Ohio • 44106
Phone: 216-791-1234 • Fax: 216-791-8238 • Email: citizencomplaint@universitycircle.org

| Phone:  | Em                            | nail:  | J                  |
|---|-------------------------------|--|--------------------|
| Complainant Name:                                       | Da                            | disabled person. Otherwise, please skip to te of Birth:                                |                    |
|   |                               | State: Zip   |                    |
|   |                               |  |                    |
| The following demographic information is and/or trends. | voluntary and not required    | . However, it may assist with identifying pot  | ential patterns    |
| □ Other □   | Other D Hispanic/Latino       | n/Alaska Native 🛘 Asian 🗖 Black/African /<br>Native Hawaiian/Pacific Islander 🗆 White/ |                    |
| Do you have a disability in accordance wi               | ith the Americans with Disa   | bilities Act (ADA)? ☐ Yes ☐ No   |                    |
| Were you arrested? ☐ No ☐ Yes If ye                     |                               | what medical facility?   |                    |
| Will you sign a medical release form? □                 | No ☐ Yes ☐ N/A                |  |                    |
| Date of Incident:                                       | Tir                           | ne of Incident:  |                    |
| ocation of Incident:                                    |                               |  |                    |
| Officer's Name:   | Badge #:                      | District:  |                    |
| Description of Officer:                                 |                               | Zone Car #:  |                    |
| Officer's Name:   | Badge #:                      | District:  |                    |
| Description of Officer:                                 |                               | Zone Car #:  |                    |
|   |                               | Phone:   |                    |
| Description of Incident (page 1 of 2):                  |                               |  |                    |
|   |                               |  |                    |
|   |                               |  |                    |
|   |                               |  |                    |
|   |                               |  |                    |
|   |                               |  | ÷                  |
| Complainant Signature:                                  |                               | Date:  |                    |
|   | A parent/guardian must sign o | n behalf of a minor.   |                    |
|   | DO NOT WRITE BELO             |  |                    |
| OR IU AND UCPD USE ONLY                                 |                               |  | ipol Rev.#1107-202 |
| If Filed by UCPD: DateFiled:                            | Unit :                        | Assoc. Report # If A   | pp.:               |
| If Filed by OOFD. DateFiled                             |                               |  |                    |
| Nature of Complaint:                                    | lon #:                        | Date Received by IC :  |                    |

By Mail or In-Person at UCPD, 24/7; 12100 Euclid Avenue, Cleveland, Ohio 44106

Or By Mail or In-Person at UCI, M-F, 9 a.m. - 5 p.m.; 10831 Magnolia Dr., Cleveland, OH 44106 Or

By email at citizencomplaint@universitycircle.org Yellow (Copy): Chief's Office



| PD CAD# |
|---------|
|---------|

| Description of Incident (continuation from 1 of 2):   |   |
|---|---|
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|   |   |
| I have read each page of the information and statement consist<br>my signature, and corrections, if any, bear my initials, and I cert<br>correct. | ing of page(s), each page of which bears ify that the facts contained herein are true and |
| Complainant Signature:  | Date:   |
|   | C of C Lexipol Rev.#1107-2021   |

White (Original): IC / Investigator

Yellow (Copy): Chief's Office

Pink (Copy): Complainant