

**Knowingly filing a false complaint is a CRIMINAL ACT subject to prosecution.**



**COMPLAINT ON A REYNOLDSBURG DIVISION OF POLICE  
EMPLOYEE/POLICE DEPARTMENT**

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM**

The Reynoldsburg Division of Police is charged with the responsibility to serve and protect the citizens of this community as well as those who travel through or visit our city.

If at anytime an officer, or employee of the Reynoldsburg Division of Police, takes action that you do not understand or perceive to be unfavorable, a complaint may be filed.

If you have a complaint that cannot be remedied by a police supervisor, you are asked to complete the attached forms. Please include every detail. We will keep you advised as to the progress of our investigation, but please realize these investigations do require a large portion of time to ensure that the complaint is treated fairly.

This agency will investigate fairly and without prejudice EVERY complaint made against an employee and will advise you of the outcome within a reasonable amount of time. The attached form facilitates that promise.

It is important for you to know that an employee charged with an act, that could result in disciplinary actions such as suspension, demotion or termination will have the right to offer testimony on his or her behalf. In addition the employee will have the opportunity to confront and question his or her accusers, as well as partake in the same legal remedies as any citizen.

Your suggestions, comments and/or complaints will be given full attention and you will receive notification of any final disposition.

Chief of Police

**ONCE YOU HAVE COMPLETED THIS FORM, PLEASE ASK THE OFFICER OR  
EMPLOYEE TO GIVE YOU THE PRINTED RECEIPT.**

**REYNOLDSBURG DIVISION OF POLICE  
RECEIPT/ACKNOWLEDGMENT OF COMPLAINT**

\_\_\_\_\_ APPEARED AT THE REYNOLDSBURG  
DIVISION OF POLICE HEADQUARTERS ON THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20 \_\_\_\_\_, AND FILED A WRITTEN COMPLAINT ON  
\_\_\_\_\_.

THE COMPLAINT WAS RECEIVED BY THE UNDERSIGNED SUPERVISOR AND A  
COPY OF THIS FORM IS BEING FURNISHED TO THE PERSON WHO HAS  
INITIATED THE COMPLAINT. THIS WILL SERVE AS WRITTEN VERIFICATION  
THAT THE COMPLAINT HAS BEEN RECEIVED FOR PROCESSING BY THE  
REYNOLDSBURG DIVISION OF POLICE.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR



PLEASE COMPLETE THE ATTACHED FORM AS COMPLETELY AS POSSIBLE

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Name:	
Address (include, city, state, zip):	
Home Phone :	Work Phone #: Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer's name/unit #/ description:	
Officer's name/unit #/ description:	
Officer's name/unit #/ description:	
Date/Time/Location of Incident:	Report or Event # (if available):
Were there other person(s) present that could give a statement about the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list their information below)	
Name:	Address:
Phone #:	
Name:	Address:
Phone #:	

Details of Complaint-Please be as complete as possible




