

**STREETSBORO POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM**

INCIDENT INFORMATION

Date of Incident: _____ Location of Incident: _____

Time of Incident: _____ Nature of Incident: _____

SPD Member Name (*if known*): _____ Car # _____

SPD Member Name (*if known*): _____ Car # _____

COMPLAINANT INFORMATION

Name: _____ Sex: _____

DOB: _____ Written Statement Attached: Yes No

Home Address: _____

Contact Phone: _____ Mobile Phone: _____

WITNESS INFORMATION (If Applicable)

Witness #1 Name: _____ Sex: _____ DOB: _____

Address: _____

Contact Phone: _____ Mobile: _____ Written Statement: Yes No

Witness #2 Name: _____ Sex: _____ DOB: _____

Address: _____

Contact Phone: _____ Mobile: _____ Written Statement: Yes No

DETAILS (please state exactly the actions of the member(s) that cause you to complain)

Complainant: _____ Date: _____ Time: _____

CR# _____