



Complaint Against Department Personnel

Information

The Tipp City Police Department aggressively investigates all allegations of misconduct lodged against officers and other employees of the agency. The purpose of these investigations is to determine and examine all facts and circumstances relevant to the incident in question. Should such allegations be sustained as a result of the investigation, appropriate actions will be taken to prevent a future occurrence of the conduct. Honest feedback is essential to maintaining a police department that is both trustworthy and responsive to the community. Therefore, it is critical that truthfulness be maintained in the filing and investigation of complaints against the police.

If, during the course of the investigation, it is found that the complainant knowingly made a false accusation against an officer, that person may be subject to prosecution under Ohio Revised Code §2921.15 and Tipp City Ordinance §136.19.

This form is used to file a complaint regarding conduct of a Department member or to express dissatisfaction with a policy, procedure, practice, or level of service provided by the department.

Complainant Information

Name _____

Driver's License # _____

Address _____

Today's Date ___/___/___

Incident Date/Time ___/___/___

Home Phone _____

_____ PM/AM

Department Personnel Involved

Please identify any Department members involved by one or more criteria: name, badge number, or vehicle being driven.

Name _____ Badge# _____ Vehicle# _____
Name _____ Badge# _____ Vehicle# _____
Name _____ Badge# _____ Vehicle# _____

Witnesses

Please identify any non-Department witnesses involved who are willing to speak with investigators about the incident.

Name _____ Name _____
Address _____ Address _____

Home Phone _____ Home Phone _____

Misconduct Alleged

- Discourtesy
- Unethical Conduct
- Excessive Force
- Improper Procedure
- Lack of Proper Service
- Law Violated By Officer
- Off-Duty Conduct
- Other _____

Approval

For office use only

Date/Time Received ___/___/___ _____ HRS

Received by _____ Unit# _____

Investigation Assigned To _____ Unit# _____

Internal Affairs Investigation Review

Investigator Name _____ Unit# _____

Closure Recommendations

- Exonerated** *The alleged act occurred, but was justified and proper.*
- Sustained** *The alleged act is supported by sufficient evidence to prove the action of the Department member was improper.*
- Not Sustained** *Insufficient evidence to either prove or disprove the allegations and no unbiased witnesses available to give accurate account of the incident.*
- Unfounded** *The alleged act did not occur.*
- Misconduct Not Based On Original Complaint**
Discovery of sustained acts of misconduct that were not alleged in the original complaint.

Corrective Action Taken

- None Oral Reprimand Written Reprimand Action Required By Chief of Police

Complainant Notified of Investigation Findings

Phone Date/Time ___/___/___ _____ HRS

Mail Date/Time ___/___/___ _____ HRS

Signature of Investigator _____ Unit# _____ Date ___/___/___
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Attach one copy of the investigation report narrative to this form

Chief of Police Investigation Review

Corrective Action Suggested By Chief of Police

- None Oral Reprimand Written Reprimand Suspension of _____ Shifts
 Demotion to _____ Rank Termination of Employment with City

Closure Notifications

Check all subjects needed for notification

- Complainant(s) Department Member(s) Supervisor City Manager
 Other _____

Signature of Chief of Police _____ Date ____/____/____

Attach any additional documents to this form