ALLEGATIONS of MISCONDUCT / COMPLAINT FORM

CUYAHOGA FALLS POLICE DEPARTMENT

2310 Second Street, Cuyahoga Falls OH 44221

NAME _____ **DATE** ____/____/____ **TIME** _____ **AM** **PM**

ADDRESS _____

Street City State Zip Code

Phone # _____ **Alternate Phone:** _____ **DOB:** _____/_____/_____

LOCATION OF INCIDENT: _____ **DATE OF INCIDENT:** ____/____/____ **TIME OF INCIDENT:** _____ **AM** **PM**

OFFICER(S) or EMPLOYEE(S) involved - If Unknown, please provide a physical description, cruiser #, etc:

_____

_____

_____

NATURE OF COMPLAINT

_____

_____

WITNESS INFORMATION (if applicable)

NAME	ADDRESS	PHONE

Describe the specific complaint about the Officer or Employee:

(if additional space is required, please use the back side of this form)

_____

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2921.15 Making False Allegations of Peace Officer Misconduct

No Person Shall knowingly file a complaint against a Peace Officer that alleges that the Peace Officer engaged in misconduct in the performance of the Officer's duties if the person know that the allegation is false. Whoever violates this section is guilty of *Making False Accusations of a Peace Officer Misconduct*, A Misdemeanor of the 1st Degree.

By signing this complaint form below, I understand the penalty for Making False Allegations of Peace Officer Misconduct, and acknowledge that should the complaint be determined UNFOUNDED, I could be charged criminally.

_____ _____

Signature of Complainant Date Signature of Supervisor Date