



New Bremen Police Department Complaint Form

Report Number _____

COMPLAINT FORM

Complaint: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____

Complaint/Allegation made against: _____
(Employee's Name)

Summary of the Complaint/Allegation:

Location of Occurrence: _____

Date of Occurrence: _____ Time of Occurrence: _____

Witness: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____

Notice: Pursuant to Section 2921.15B of Ohio Revised Code, you are notified that 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 misdemeanor of the first degree.

Complainant's Signature _____

Witness's Signature _____

Received by: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

Address - _____

Phone - _____

submit completed form to Chief Skinner at policechief@newbremen.com

Complaint Report - Narrative