## COMPLAINT AGAINST POLICE PERSONNEL

It is the policy of the Westerville Division of Police to investigate all complaints made against the department or its personnel, throughly, completely and impartially. A proper relationship between the department and the citizens we serve, fostered by trust and confidence, is essential to effective law enforcement efforts.

The complaint process has been developed to ensure this proper relationship provides people with a fair and effective method to address legitimate complaints against Division personnel and to protect officers and employees from false charges of misconduct or wrongdoing.

We prefer you speak with a supervisor when you file a complaint. We do this to ensure that we obtain all the necessary information that we will need to fully and impartially investigate your complaint, as well as expedite the resolution of any complaints.

If you do not want to speak with a supervisor, you are able to file a complaint against an employee or officer by fully and accurately completing the attached complaint form. We ask that you print neatly or fill the form out electronically, if applicable.

If you need help with the complaint form, which is attached, you can call an on-duty patrol supervisor at (614) 901-6483. The supervisor will assist you with any questions you may have. When you have completed the complaint form, you can return it to the Division in any of the following ways:

- Mail it or drop it off at the police department Records window sealed in the attached envelope.
- Fax it to the Westerville Division of Police at (614) 901-6481, Attention Professional Standards.
- Email it to the Division at professionalstandards@westerville.org

We will assign your complaint to a supervisor to investigate. The supervisor will contact you and provide updates on the investigation as appropriate. At the conclusion of the investigation, you will receive notification of the findings. If not completed within thirty days of receipt, you will receive a report on the current status of the complaint.

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## **Complaint Against Police Personnel**

Person Making Complaint:		DOB:
Home Address:		
Home Phone:	Cell:	Email:
Preferred method of contact ar	nd best time:	
Person you are making a comp	laint against:	
IF YOU DO NOT KNOW T	HE PERSON'S	NAME, DESCRIBE HIM/HER BELOW
Incident Date:	Time:	Incident Number:
Incident Location:		
Describe what happened and be	specific as to what v	vas said. Including information on any witnesses:

## Complaint Against Police Personnel - Continuation

COPY IF ADDITIONAL PAGES ARE NEEDED

I declare this to be a true and correct report and the information therein to be factual. I further understand that I may be criminally charged for falsely alleging peace officer misconduct, as set forth in Ohio Revised Code section 2921.15(b).
Name of Person Completing Form:
Signature of Person Completing Form:
Date: