



CITY OF PERRYSBURG POLICE DIVISION

CITIZEN COMPLAINT FORM

Complainant's Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Date/Time of Incident: _____

Name of Employee(s) involved: _____

Details of alleged misconduct or wrong-doing:

The information provided above is true and correct and I wish to pursue an investigation of this complaint.

Signature of Complainant

Date

Signature of Employee Accepting Complaint

Date

Received on _____ at _____.