

NEOMED POLICE DEPARTMENT
CITIZEN COMPLAINT / COMPLIMENT FORM

INCIDENT INFORMATION

Date of Incident: _____ Location: _____
Time of Incident: _____ Type of Incident: _____
Officer's Name, badge number, car number: _____

COMPLAINANT INFORMATION

Name (Last, First, MI): _____ Sex: _____ Race: _____
DOB: _____ OL #: _____ Email Address: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____
Employer: _____ Occupation: _____

WITNESS INFORMATION

Witness #1 Name: _____ Sex: _____ Race: _____ DOB: _____
Address: _____ Phone #: _____
Witness #2 Name: _____ Sex: _____ Race: _____ DOB: _____
Address: _____ Phone #: _____
Witness #3 Name: _____ Sex: _____ Race: _____ DOB: _____
Address: _____ Phone #: _____

DETAILS

Signature of Complainant: _____ Date: _____

My signature verifies that the information on this report is accurate and true.

Filing a false complaint of misconduct against a peace officer is in violation of Ohio Revised Code Section 2921.15 and will be prosecuted.

Forms can be mailed to the Northeast Ohio Medical University Police Department. Forms should be addressed as
"CONFIDENTIAL" to Chief Kali Meonske or Sergeant Shawn Parker at:

NEOMED PD
4209 State Route 44
Rootstown, Ohio 44272

This form can also be emailed to kmeonske@neomed.edu or sparker@neomed.edu if you would prefer.