



Frazeytsburg Police Department

68 North State Street P.O. Box 160 Frazeytsburg, Ohio 43822 (740) 828-2911 Fax (740) 828-9485
Nick R. Garver, Chief of Police

COMPLAINT AGAINST OFFICER

I. INCIDENT INFORMATION

Date of Incident: _____

Location of Incident: _____

Nature/Type of Incident: _____

Officer's Name: _____

Officer's Badge #: _____ Officer's Car #: _____ Unit #: _____

II. COMPLAINT INFORMATION

Name (Last, First, MI): _____

Home Address: _____

Telephone Number: _____

Written Statement: Yes No Taped Statement: Yes No

III. WITNESS INFORMATION

Witness Name (1): _____

Address: _____

Telephone Number: _____

Written Statement: Yes No Taped Statement: Yes No

Witness Name (2): _____

Address: _____

Telephone Number: _____

Written Statement: Yes No Taped Statement: Yes No



Frazeytsburg Police Department

68 North State Street P.O. Box 160 Frazeytsburg, Ohio 43822 (740) 828-2911 Fax (740) 828-9485
Nick R. Garver, Chief of Police

COMPLAINT AGAINST OFFICER (CONTINUED)

Witness Name (3): _____

Address: _____

Telephone Number: _____

Written Statement: Yes No Taped Statement: Yes No

IV. DETAILS

Please provide the nature of the allegation and specific details of the incident:

V. SIGNATURE

Signature of Complainant: _____ Date: _____

NOTE: I attest that the information given is true and accurate to the best of my knowledge, information and belief.

VI. NOTARY / CLERK

Sworn to and subscribed in my presence by _____

this _____ day of _____ 20_____.

My commission expires _____ yr 20_____.

Affix Seal

Printed Notary/Deputy Clerk Name

Signature of Notary Public / Deputy Clerk