

## **CITIZEN COMPLAINT FORM**

## OFFICE OF PROFESSIONAL STANDARDS • Civilian Police Review Board



205 West Saint Clair Avenue • 3rd FL • RM 301 • 216-664-2944

Complainant's Name				
Address				
Telephone No				
Date of Birth				
On behalf of Minor or Subject's Name				
Address				
Telephone No.	_ Date of Birth			
A response to the following questions is not requidentify patterns and trends.	uired, but a response will h	elp us develop and ı	maintain internal proce	esses to
	American Indian or Alaska Hispanic or Latino Nat			
Arrested: Yes No If yes, what were you a Did you require medical attention: Yes No				
WILL YOU SIGN A MEDICAL RELEASE FOR				
Location of Incident		A.M./P.M. Da	ate	
Officer's Name				
Description of Officer				
Officer's Name				
Description of Officer				
Witness Name	Address	Pr	none	
Description of Incident:				
Expected Outcome:				
Complainants Signature				
Fhis form must be filed by the person directly in	nvolved with the incident	A narent/guardian	must file on behalf o	of a minor
inis form must be med by the person directly in	iroirea with the moldent	. A parent guardian	must me on bendir t	. a millol.
	DO NOT WRITE BELOW LINE			
FOR OPS AND CPD USE			C of C 71-218	36 Rev. 8/11
Date Filed	District/Unit	Ren	ort No.	
Nature of Complaint				
-				
COPY OF THIS COMPLAINT MUST BE FAXED THE ORIGINAL SENT TO OPS 205 WEST SAIN				