CARROLL POLICE DEPARTMENT

PROCEDURES FOR FILING A CITIZEN COMPLAINT

The Carroll Police Department maintains high standards of personal and professional conduct for its employees. Any allegation of misconduct involving an employee of the Carroll Police Department is taken very seriously.

A citizen who wishes to file a complaint against an employee will be asked to provide as much detailed information as possible so that the alleged violation can be fully and fairly investigated.

Any allegation that may involve criminal misconduct will be investigated following current criminal procedure and rules of evidence.

Any citizen who has questions regarding an employee's actions or Departmental policy and/or procedure is encouraged to speak with a supervisor to resolve their questions.

Attached is a copy of the Carroll Police Department's Citizen Complaint Form. The information requested on the form is the information that is necessary to properly complete a complaint investigation. If the complaint involves alleged criminal activity, the matter will be investigated as a criminal offense.

Every effort will be made to resolve a complaint in a timely matter while safeguarding the rights of the accuser as well as the accused. Your patience in dealing with the complaint investigation is appreciated.

NOTE: It is a violation of Ohio Revised Code (Section 2921.15), to knowingly file a complaint against a peace officer that alleges the peace officer engaged in misconduct in the performance of the officer's duties if the person knows the allegation is false. Making a false allegation is a misdemeanor of the first degree and is punishable by a fine up to \$1000 and by incarceration of up to 180 days.

Carroll Police Department 68 Center St Carroll, Ohio 43112

740-756-9141 Office 740-756-4611 Fax

| Date and Time of Incident: | Location of Incident: |
|---|---|
| Officer(s) Involved: | |
| Complaint/Compliment - With Speci | |
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| Affirmation: I attest that the information printering information and belief. | rovided herin is true and accurate to the best of my knowledge, |
| Signature of Complainant | Dete |
| organization complaintaint | Date |
| Address of Complainant | |
| Contact information for Complainant Phone | Number or Email to contact for additional questions |

When completed drop off, mail or fax to the office.