BLUE ASH POLICE DEPARTMENT

CITIZEN COMPLAINT

☐ Major Complaint ☐ Minor Complaint Complaint # _____

DATE OF ALLEGED INCIDENT	TIME OF ALLEGED INCIDENT	DATE COMPLAINT RECEIVED	TIME COMPLAINT RECEIVED
COMPLAINT RECEIVED ☐ BY TELEPHONE ☐ IN PERSON ☐ BY MAIL ☐ ANONYMOUS		SUPERVISOR RECEIVING COMPLAINT	SUPERVISOR INTERVIEWING COMPLAINANT
LOCATION OF ALLEGED INCIDENT			
OFFICER'S NAME		DESCRIPTION (IF NEEDED)	
OFFICER'S NAME		DESCRIPTION (IF NEEDED)	
OFFICER'S NAME		DESCRIPTION (IF NEEDED)	

COMPLAINANT'S NAME	SOCIAL SECURITY NO. (OPTIONAL)	SEX	RACE	DOB OR AGE
COMPLAINANT'S ADDRESS		HOME PHONE	WORK PHONE	
COMPLAINANT'S WITNESS (INCLUDE NAME, ADDRESS AND PHONE NUMBERS)				
COMPLAINANT'S WITNESS (INCLUDE NAME, ADDRESS AND PHONE NUMBERS)				
COMPLAINANT'S WITNESS (INCLUDE NAME, ADDRESS AND PHONE NUMBERS)				

COMPLAINANT'S ALLEGATION

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I AFFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS COMPLAINT IS ACCURATE, UNBIASED, AND TRUTHFUL: _____ DATE: _____