

Instructions:

Lakemore Police Department

Internal Use Only:

Roy Smith, Chief of Police 1400 Main Street, Suite B P.O. Box 888 Lakemore, Ohio 44250 (330) 733-6125, Ext. 1117 Fax: (234)334-7651

LAKEMORE POLICE DEPARTMENT

CITIZEN COMPLIMENTS OR CONCERNS

1. Complete with as many details	as possible.		D	Date Received				
2. The form must be notarized.				Notes:				
3. Return the completed form to			_					
4. Response will be given to the reportee within two weeks.								
REPORTEE INFORMATION								
Last Name	First Name M.I.			Date of Birth				
Home Phone	Work Phone and Exte	nsion			Other Contact Number			
Address (To include PO Box if applicable)	City		State		Zip Code			
OFFICER(S) INVOLVED								
Officer's Name		Badge #	Car#					
Officer's Name		Badge #	Car#					
Officer's Name		Badge #	Car#					
WITNESS INFORMATION								
Last Name	First Name	M.I.		D	Pate of Birth	Phone		
Address (To include PO Box if applicable) City		State				Zip Code		
Last Name	First Name	M.I.		D	ate of Birth	Phone		
Address (To include PO Box if applicable)	City		State			Zip Code		
Last Name	First Name	M.I.		D	ate of Birth	Phone		
Address (To include PO Box if applicable)	City		State	-		Zip Code		
INCIDENT DETAILS								
Date of Incident	Time of Incident							
Incident Location (Address)								
Nature Of Compliment or Concern								
Please continue on page two. Please sign a	nd have notarized.							

Nature Of Compliment or Concern (Continue	ed)
ORC 2921.15(B): No person shall knowingly file a complaint the officer's duties if the person knows that the allegation is	against a peace officer that alleges ht the officer engaged in misconduct in the performance of false. Violation of this section is a misdemeanor of the first degree.
I declare that the above statement is true and	d correct. I understand that giving a false statement which is
found to have been filed with false intent, I coul	
Signature of Reportee	
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