



**DEPARTMENT OF THE INSPECTOR GENERAL  
CITIZEN COMPLAINT FORM**

(This form and all of its contents are public records)

|  |                                  |                |                          |
|--|----------------------------------|----------------|--------------------------|
| Date of Incident:  | Time of Incident:                | Date Reported: | Time Reported:           |
| Location of Incident:  |                                  |                |                          |
| Are there any photos, videos, recordings, and/or medical records, available? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No)  |                                  |                |                          |
| <b>COMPLAINANT'S INFORMATION:</b>  |                                  |                |                          |
| Name:  | Street Address:                  | Phone:         | Email:                   |
| DOB:   | City:<br>State:                  | Zip:           |                          |
| <b>ON BEHALF OF</b> (If different than Complainant):   |                                  |                |                          |
| Name:  | Street Address:                  | Phone:         | Email:                   |
| DOB:   | City:<br>State:                  | Zip:           | Relation to Complainant: |
| <b>WITNESS(ES) INFORMATION:</b>  |                                  |                |                          |
| Name:<br>DOB:  | Street Address:                  | Phone:         | Email:                   |
| Name:<br>DOB:  | Street Address:                  | Phone:         | Email:                   |
| Name:<br>DOB:  | Street Address:                  | Phone:         | Email:                   |
| <b>OFFICER(S) INFORMATION:</b>   |                                  |                |                          |
| Name:<br>Badge No:   | Physical Description of Officer: |                |                          |
|  |                                  |                |                          |
| Name:<br>Badge No:   | Physical Description of Officer: |                |                          |
|  |                                  |                |                          |
| <b>(FOR INTERNAL USE ONLY)</b>   |                                  |                |                          |
| Complaint Received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Hotline <input type="checkbox"/> Other: _____ |                                  |                |                          |

(This form may be brought in person or mailed to: 150 S. Front St., Columbus OH 43215)

**Give a brief description of the events that led to this complaint on the back of this form:**



**NOTICE**

**JURISDICTION**

The City of Columbus Department of the Inspector General is responsible for investigating allegations of police misconduct and excessive use of force by sworn personnel within the Columbus Division of Police. The Department does not have jurisdiction or authority to examine, investigate, or make recommendations concerning elected officials, civilian city employees, or any other law enforcement agencies other than the Columbus Division of Police

**False Complaints**

No person shall knowingly file a complaint against a police officer that alleges the police officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegation is false. Making false allegations of peace officer misconduct, under ORC § 2921.15, is a 1<sup>st</sup> degree misdemeanor, punishable by a maximum penalty of 180 days in jail and/or a \$1,000 fine.

**Anonymous Complaints**

Anonymous complaints will be investigated to the fullest extent allowed by the information received. When an anonymous complaint is made against a sworn member of the Columbus Division of Police and no corroborative evidence is obtained from the information that either accompanies the complaint or that is reasonably obtainable from information or contact information provided in the complaint, the complaint will be classified as "not investigated".

Complaint Received By: \_\_\_\_\_ DIG Complaint # \_\_\_\_\_

