

## **COMPLAINT REFERRAL FORM**

I hereby request an investigation into the following incident involving an employee of the Hilliard Division of Police.			
Date/Time of Incident:	Location of Inc	cident:	
Summary of Incident: (Include any known information for all witnesses)			
			Continued on Reverse Side
Section 2921.15(B) of the Ohio Revised Code states any person who knowingly files a false complaint of misconduct against a police officer is guilty of a misdemeanor of the first degree.			
Under penalty of law, I attest that th Complainant Signature:	e preceaing s	Complainant Printed Name:	t to the best of my knowledge.
Complainant Address:			
Phone Number:		Email:	
Received by supervisor:			Date:

Continuation