

**PERSONNEL COMPLAINT FORM**

Complaint No: \_\_\_\_\_

The Fairfield Township Police Department is committed to maintaining the public's trust and will investigate complaints against its members. Personnel complaints consist of any allegation of misconduct or improper job performance against any department employee that, if true, would constitute a violation of department policy, federal, state, or local law.

Note: As stated in O.R.C. §2921.15 – Making false allegation of peace officer misconduct: No person shall knowingly file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegation is false. Whoever violates this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree.

Complainant's Name (First, MI, Last)		
Address		
Daytime Phone Number		Phone Number (Other)
Date of Incident	Time of Incident	Location of Incident
Officer(s) Name (if known)		

Brief Summary of Allegation (attached additional pages as necessary)	
Complainant's Signature X	Date

*Please complete this form and return it to a supervisor or mail it to the attention of:*

Chief of Police  
 Fairfield Township Police Dept.  
 6485 Vonnie Vale Court  
 Hamilton, Ohio 45011

\*\*\*\*\* FOR DEPARTMENTAL USE \*\*\*\*\*

Name of Employee Receiving Complaint	Unit No:	Date	Time
Method Received <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other (explain):			Associated Report No.?