

**FRANKLIN COUNTY SHERIFF'S OFFICE**  
**Compliment/Complaint Form**

*The most appropriate person to file a complaint is the person experiencing or witnessing alleged employee misconduct rather than uninvolved third parties. We will need the cooperation of the involved party to ensure a successful investigation. However, parents or guardians should feel free to make complaints on behalf of their minor children.*

|   |       |          |  |   |     |        |        |     |
|---|-------|----------|--|---|-----|--------|--------|-----|
| What are you reporting? <i>(Check only one)</i><br><input type="checkbox"/> -Compliment <input type="checkbox"/> -Complaint   |       |          |  | I.A. # <i>(Administrative Use Only)</i> |     |        |        |     |
| <b>Target of Compliment/Complaint Information</b>   |       |          |  |   |     |        |        |     |
| Sheriff Employee's Name and Badge # <i>(if known)</i>   |       |          |  | Race                                    | Sex | Height | Weight | Age |
| Identifying Characteristics   |       |          |  | Vehicle or Tag #                        |     |        |        |     |
| <b>Reporting Party's Information</b>  |       |          |  |   |     |        |        |     |
| Name <i>(Last Name, First Name)</i>   |       |          |  | Home Address                            |     | Apt#   |        |     |
| City  | State | Zip Code | Contact them by <input type="checkbox"/> -Home <input type="checkbox"/> -Business <input type="checkbox"/> -Mobile <input type="checkbox"/> -Email |   |     |        |        |     |
| <b>Witness Information</b>  |       |          |  |   |     |        |        |     |
| Name <i>(Last Name, First Name)</i>   |       |          |  | Home Address                            |     | Apt#   |        |     |
| City  | State | Zip Code | Contact them by <input type="checkbox"/> -Home <input type="checkbox"/> -Business <input type="checkbox"/> -Mobile <input type="checkbox"/> -Email |   |     |        |        |     |
| Name <i>(Last Name, First Name)</i>   |       |          |  | Home Address                            |     | Apt#   |        |     |
| City  | State | Zip Code | Contact them by <input type="checkbox"/> -Home <input type="checkbox"/> -Business <input type="checkbox"/> -Mobile <input type="checkbox"/> -Email |   |     |        |        |     |
| <b>Incident Information</b>   |       |          |  |   |     |        |        |     |
| Date of Incident  |       |          |  | Time of Incident                        |     |        |        |     |
| Location of Incident  |       |          |  |   |     |        |        |     |
| <b>Incident Summary</b>   |       |          |  |   |     |        |        |     |
| <input type="checkbox"/> Summary Continued on Additional Pages  |       |          |  |   |     |        |        |     |
| <b>Acknowledgement &amp; Endorsement</b>  |       |          |  |   |     |        |        |     |
| <b>2921.15 Making false allegation of peace officer misconduct.</b><br><i>(A) As used in this section, "peace officer" has the same meaning as in section 2935.01 of the Revised Code.</i><br><i>(B) 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.</i><br><i>(C) Whoever violates division (B) of this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree.</i><br>Effective Date: 03-22-2001 |       |          |  |   |     |        |        |     |
| Signature of Reporting Party: _____   |       |          |  | Date: _____                             |     |        |        |     |
| Name of Employee Accepting Form <i>(Last Name, First Name)</i>  |       |          | Assignment   | Time & Date                             |     |        |        |     |

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**Incident Summary Continuation**

Summary Continued on Additional Pages

Signature of Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_