

# Ottawa Police Department

136 North Oak Street  
Ottawa, Ohio 45875  
(419) 523-3449  
Fax (419) 523-5068

## Citizen Complaints

Dear Citizen,

As Chief of Ottawa Police Department, it is my mission to maintain the professional integrity of all the employees of the Ottawa Police Department. As part of this mission, all complaints of misconduct by an employee will be thoroughly, fairly, and impartially investigated. Attached is a Citizen Complaint Form, which you will be asked to complete when reporting misconduct by one of my employees. By completing this form, you will provide this office with the basic information about your complaint so that it can be investigated. You will be asked to sign the form under oath, swearing that all the information you have provided concerning the report is true and correct to the best of your knowledge. Should you affirm that this information is the truth, knowing that it is actually false, you may be subject to criminal prosecution under the Ohio Revised Code, Section 2921.013, Falsification.

Depending upon the nature of the complaint, the investigation into the incident will be conducted by a supervisor or an investigator. The investigating person will contact you, any witnesses, and others involved. After the investigation is complete, your complaint will be resolved by classifying it in one of the five ways listed below.

- |                     |   |
|---------------------|---|
| 1. Unfounded        | The investigation found that the allegation(s) made was false   |
| 2. Exonerated       | The allegation was found to be true, but was proper and lawful  |
| 3. Inconclusive     | The evidence was insufficient to support the complaint  |
| 4. Sustained        | The evidence was sufficient to support the complaint  |
| 5. Other Misconduct | The original complaint was not sustained; however, during the investigation other misconduct was discovered which was sustained |

When misconduct is sustained, disciplinary action of some sort will be taken against the employee(s) involved following prescribed guidelines. You and others may be required to appear at a hearing regarding the disciplinary action.

The investigation may take several weeks to complete. When the investigation is complete, you will receive a letter explaining the outcome of the complaint. If you have any questions during the investigation or after you have received the letter, please contact my office.

Sincerely,

Richard D. Knowlton, Chief

## CITIZEN COMPLAINT REPORT

Today's Date: \_\_\_\_\_ Time Complaint Filed: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complaint made (circle one)   In Person      By Telephone      Anonymously

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number (optional) \_\_\_\_ / \_\_\_\_ / \_\_\_\_      DOB: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Briefly describe the Incident: \_\_\_\_\_

\_\_\_\_\_

If known, provide the name(s) of the Officer(s) involved: \_\_\_\_\_

\_\_\_\_\_

Please list the name, address, and telephone number if known of any other person directly involved in the incident. If more space is needed, attach a separate page.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you know of any witnesses to this incident? (circle) Yes No    If yes, please list their name address and telephone number below if known. If more space in needed, attach a separate page.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_





I hereby certify and swear that the listed information is true and correct to the best of my knowledge. I am aware that knowingly making a false statement may subject me to a criminal penalty under Ohio Revised Code 2921.13, Falsification and 2921.15, Making a False Allegation of Peace Officer Misconduct.

\_\_\_\_\_  
Signature of Citizen

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Parent/Guardian  
(If under 18 years of age)

\_\_\_\_\_  
Dated

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in The State of Ohio, County of Putnam.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Name (please print)

Date Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Notes of Person taking this complaint**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person taking this Complaint: \_\_\_\_\_