WARREN POLICE DEPARTMENT
PUBLIC COMPLAINT FORM

Complaint Number:_____

This form should be used to register a complaint against any employee of the Warren Police Department whose conduct, behavior or actions are considered improper, unnecessary, inappropriate or unlawful.

Please PRINT all information clearly and legibly on the spaces provided to help expedite the department's investigation into your allegations. If you need assistance in completing this form please contact any Warren Police Department Command Officer by calling the non-emergency number (330) 394-2521 or the Internal Affairs Division at (330) 841-2665. You will be contacted at a later time with regard to your complaint and the status of the investigation.

COMPLAINT INFORMATION:

_____   _____
Your Name   Today's Date

_____   _____
Street Address   City   State   Zip

_____   _____
Home Phone   Cell Phone

_____   _____
Work Phone   Other Number

_____
Date/Time of Incident

_____
Location of Incident

_____
Warren Police Incident number if known _____

Type of Incident (i.e. traffic stop, criminal incident, etc.) _____

_____

Employee involved _____
(If the employee's name is not known, list as much information as possible such as badge number, car number, if the employee was police officer, dispatcher or civilian employee. The Warren Police Department will investigate all allegations of misconduct even if you are only able to provide minimal information.)

List any witnesses to incident; please list phone numbers if any available.

Name   Address   Phone

_____

_____

_____

_____

COMPLAINT SUMMARY

Describe your complaint and the alleged actions of the employee(s) in question. Please be detailed and use additional paper if needed. If you need any assistance filling out this form, notify any Warren Police Department Command Officer or ask to speak to an Internal Affairs Investigator.

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To the best of my knowledge the above allegations are true and were made by me in good faith.

Signature of Complainant: _____ Date/time: _____

Witness to Signature: _____ Date/time: _____

Officer/employee receiving this complaint: _____

Investigator assigned: _____

Assigned by Chief of Police or Designee: _____

Date/time of assignment: _____

Public Complaint Acceptance Form

      The Warren Police Department will thoroughly investigate your complaint of employee misconduct to determine if there is a violation of departmental policy and procedures, or criminal law.   In accordance with police department policy, the investigation can take up to forty (40) days to be completed. During this time, you will be contacted by the investigator on the status of your complaint. You may also contact the investigator at any time to be updated on the complaint. Once the investigation is complete, you will be notified in writing of the outcome within the guidelines of the department's rules and regulations and applicable laws.

_____

Date/Time Received

_____

Received by

_____

Assigned Investigator

_____

Date/Time Of Assignment

You can contact the Warren Police Department's Internal Affairs Division by calling (330) 841-2665.

(KEEP THIS PAGE FOR YOUR RECORDS)