



NEWTOWN POLICE DEPARTMENT



Citizen Complaint Form

The Newtown Police Department is committed to maintain the public's trust and accountability through competent and thorough investigations. If our employees act outside the scope of the Newtown Police Departments rules, regulations, policies, procedures, or state or federal civil and / or criminal law, and **evidence of misconduct is determined, appropriate administrative or criminal processes will be implemented.**

As stated in Ohio Revised Code 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.

The Newtown Police Department has a well defined procedure for investigating citizen complaints whether through identified or anonymous sources. However, complaints received anonymously are difficult to properly investigate. Without providing contact information, the ability to further clarify the complaint and investigate fully is compromised. The information requested below is necessary to ensure a prompt investigation. **However, this form is not required in order for your complaint to be processed.** Mail completed form to the address provided or contact the Newtown Police Department at 513-561-7697.

**Newtown Police Department
3536 Church Street
Newtown, Ohio 45244**

COMPLAINANT'S NAME (FIRST, MI, LAST)				
STREET ADDRESS		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		EVENING TELEPHONE NUMBER		
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION		
ARREST, ACCIDENT, OR CITATION NUMBER		OFFICER'S NAME (IF KNOWN)		
SUMMARY OF ALLEGATION(S) : IF ADDITIONAL SPACE IS NEEDED PLEASE WRITE ON BACK OF THIS FORM:				
SIGNATURE OF COMPLAINANT			DATE	

TO BE COMPLETED BY NEWTOWN POLICE DEPARTMENT PERSONNEL

NAME OF EMPLOYEE WHO RECEIVED COMPLAINT	BADGE #	DATE	TIME
METHOD (IN PERSON, TELEPHONE, LETTER, OTHER)	RECEIVING SUPERVISOR	DATE	TIME