



## **OFFICE OF PROFESSIONAL STANDARDS • CIVILIAN POLICE REVIEW BOARD**

205 West St. Clair Avenue • Suite 301 • Cleveland, Ohio • 44113

Phone: 216-664-2944 • Fax: 216-420-8764 • Email: clepolicecomplaints@city.cleveland.oh.us



	City:		State: Zip:
Complainant Name: Address:	City:	Date of Birth:	Otherwise, please skip to next Section.
The following demographic information is voluntary and not required. However, it may assist with identifying potential patterns and/or trends.   Gender: Male Female Race/Ethnicity: American Indian/Alaska Native Asian Black/African American American   Other Other Hispanic/Latino Native Hawaiian/Pacific Islander White/Caucasian   Do you have a disability in accordance with the Americans with Disabilities Act (ADA)? Yes No			
Were you arrested? No Yes If yes, for what reason?   Did you require medical attention? No Yes If yes, what medical facility?   Will you sign a medical release form? No Yes N/A			
Date of Incident:			A.M./P.M.
Officer's Name: Description of Officer: Officer's Name:	Badge #: Badge #:	District: Zone Car #: _ District:	
Description of Incident			
Complainant Signature:	A parent/guardian must s	ign on behalf of a minor.	Date:
DO NOT WRITE BELOW THIS LINE			
FOR OPS AND CDP USE ONLY			C of C 71-2186 Rev. 08-2018
-			Report #:
Date Received by OPS:	OPS Intake by	:	OPS Investigation #:
THE ORIGINAL COMPLAINT MUST BE FILED WITH THE OFFICE OF PROFESSIONAL STANDARDS: By Mail or Delivered in Person: 205 West St. Clair Avenue, Suite 301, Cleveland, OH 44113 By Email: clepolicecomplaints@city.cleveland.oh.us   By Fax: (216)420-8764			