



**CITY OF CLEVELAND**  
Mayor Frank G. Jackson

# CITIZEN COMPLAINT FORM

**Office of Professional Standards & Civilian Police Review Board**  
205 West St. Clair Ave., Suite 301 • Cleveland, Ohio 44113  
P: 216.664.2944 • F: 216.420.8764 • [CLEpolicecomplaints@city.cleveland.oh.us](mailto:CLEpolicecomplaints@city.cleveland.oh.us)



**Instructions:** Fill in the blank fields on a computer or print out and complete by hand. Original complaint must be signed and sent to the Office of Professional Standards at the address above by US mail or delivered in person.

YOUR NAME	DATE OF BIRTH	PHONE NUMBER	EMAIL ADDRESS	
STREET ADDRESS		CITY	STATE	ZIP CODE

**COMPLETE THIS SECTION IF FILLING OUT FOR A MINOR OR DISABLED PERSON**

MINOR OR DISABLED PERSON NAME	DATE OF BIRTH	PHONE NUMBER	EMAIL ADDRESS	
STREET ADDRESS		CITY	STATE	ZIP CODE

**DEMOGRAPHICS:** *This section is voluntary and not required, but may help identify patterns and/or trends*

GENDER:	Male	Female	Other	Americans with Disabilities Act (ADA) disability?	NO	YES
RACE/ETHNICITY:	American Indian/Alaska Native		Asian	Black/African American	Hispanic/Latino	
	Native Hawaiian/Pacific Islander		White/Caucasian	Other		

**ARREST AND MEDICAL INCIDENTS, IF ANY**

Were you arrested	NO	YES	If so, why?
Did you require medical attention?	NO	YES	If so, which medical facility?
Will you sign a medical release form?	NO	YES	N/A

**INCIDENT DETAILS**

INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION	
	AM PM		
FIRST OFFICER'S NAME	BADGE NO.	DISTRICT	ZONE CAR NO.
DESCRIPTION OF OFFICER			
SECOND OFFICER'S NAME	BADGE NO.	DISTRICT	ZONE CAR NO.
DESCRIPTION OF OFFICER			
WITNESS NAME	ADDRESS	PHONE	
DESCRIPTION OF INCIDENT			
EXPECTED OUTCOME			

**SIGNATURE:** *Parent/guardian must sign on behalf of minor*

	DATE SIGNED
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**DO NOT FILL THIS SECTION OUT - FOR OPS AND CDP USE ONLY**

DATE FILED	UNIT/DISTRICT/ZONE CAR	REPORT NO.	DATE RECEIVED	OPS INTAKE BY	INVESTIGATION NO.
Nature of complaint:					