

OTTAWA COUNTY SHERIFF'S OFFICE PERSONNEL COMPLAINT FORM

MAIL OR HAND DELIVER TO: SHERIFF STEPHEN J. LEVORCHICK OTTAWA COUNTY SHERIFF'S OFFICE 315 MADISON STREET - ROOM 110 PORT CLINTON, OHIO 43452

COMPLAINT INFORMATION

Date of Incident	Time of Incident
Location of Incident	

COMPLAINANT INFORMATION

Your Full Name				Date of Birth		Employer / School
Address		City		State		Zip
Home Phone	Work Phone	Cell Phone	Other Pho	ne	Email	

WITNESS INFORMATION

Full Name				Date of Birth		Employer / School
Address		City		State		Zip
Home Phone	Work Phone	Cell Phone	Other Pho	ne	Email	

Full Name			Date of Birth		Employer / School	
Address		City		State		Zip
Home Phone	Work Phone	Cell Phone	Other Pho	ne	Email	

DEPUTY OR EMPLOYEE INVOLVED

Deputy or Employee Name		Deputy or Employee Name			
Unit No.	Vehicle No.	Unit No.	Vehicle No.		

Per Ohio Revised Code, Section 2921.15, it is against the law to knowingly file a complaint against a peace officer that alleges that the peace office engaged in misconduct in the performance of the officer's duties if the person know that the allegation is false.

THE OTTAWA COUNTY SHERIFF'S OFFICE TAKES SERIOUSLY ALL COMPLAINTS REGARDING THE SERVICES THAT WE PROVIDE AS WELL AS THE CONDUCT OF OUR EMPLOYEES.

OUR OFFICE WILL ACCEPT AND ADDRESS ALL COMPLAINTS IN ACCORDANCE WITH RELEAVANT POLICY (#1009) AS WELL AS APPLICABLE FEDERAL AND STATE LAWS OR MANDATES.

IT IS ALSO THE POLICY OF THE OTTAWA COUNTY SHERIFF'S OFFICE TO ENSURE THAT THE COMMUNITY CAN REPORT MISCONDUCT WITHOUT CONCERN FOR REPRISAL OR RETALIATION.

ALTHOUGH WRITTEN COMPLAINTS ARE PREFERRED, A COMPLAINT MAY ALSO BE FILED ORALLY, EITHER IN PERSON OR BY TELEPHONE.

(Please be specific and detailed. Sign the bottom of this page.)

AS ACKNOWLEDGED BY MY SIGNATURE BELOW, I ATTEST TO THE TRUTHFULNESS OF THE ABOVE STATEMENT.

COMPLAINANT'S SIGNATURE

DATE

----- OTTAWA COUNTY SHERIFF'S OFFICE USE ONLY -----

INITIAL RECEIPT BY

DATE / TIME

DISPOSITION COMMENTS