



WAKEMAN POLICE DEPARTMENT

59 Hyde Street

Wakeman, Ohio 44889

Office: 440-839-2511 Fax: 440-399-1441

E-mail: kpettus@wakemanpd.com

"Keeping Wakeman a Safe Community"

Pablo Cruz

Chief Of Police

Citizen Complaint Form

Date of Complaint: _____

Time of Complaint: _____

Complainant Information

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Incident Information

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Name(s) of Officer(s) or Employee(s) Involved (if known):

Witness(es) (if any):

Name / Contact Info:

Nature of Complaint

(Describe the conduct, actions, or issue. Include as much detail as possible: what happened, who was involved, what was said or done, and any injuries or damages.)



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Supporting Evidence

(Attach copies of any photos, videos, documents, medical reports, or other evidence.)

☐ Attached

☐ None Provided

Desired Resolution (optional)

Certification

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that filing a false complaint may result in criminal charges.

Signature of Complainant: _____

Date: _____

For Department Use Only

Received By (Name/Badge): _____

Date Received: _____

Complaint Number: _____

Classification:

☐ Policy Complaint

☐ Conduct Complaint



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☐ Criminal Allegation

☐ Other: _____

Assigned To: _____

Date Assigned: _____

Final Disposition:

☐ Sustained

☐ Not Sustained

☐ Exonerated

☐ Unfounded

☐ Other: _____

Supervisor Reviewing: _____

Date: _____