CLEVELAND HEIGHTS POLICE DEPARTMENT

Date:_____

TO: A. M. MECKLENBURG, CHIEF OF POLICE

NATURE OF COMPLAINT

☐ ***Actions of police officer(s):***

Officer(s) involved:_____Rank:_____

File No. if circumstances involved police investigated incident_____.

☐ ***Criticism of Department:***

File No. if circumstances involved police investigated incident_____.

☐ ***Other complaint (subject)*** _____.

****

Name of person making complaint:_____

Address: _____

Phone: H. _____ Phone Other:_____

****

DETAILS OR REASON FOR COMPLAINT:

Additional space below

Officer-in-Charge
receiving complaint:_____Date/Time received:_____

(Additional space on reverse side)

FORM 1136 (Rev. 8/02)

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