



# THORNVILLE POLICE DEPARTMENT

1 South Main Street P.O. Box 607 Thornville, Ohio 43076 Phone: (740) 246-5511

Email: [thornvillepolice@gmail.com](mailto:thornvillepolice@gmail.com) Website: [www.thornville.us/police](http://www.thornville.us/police)

Nick R. Garver, Chief

## COMPLAINT AGAINST OFFICER

### I. INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nature/Type of Incident: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Officer's Badge #: \_\_\_\_\_ Officer's Car #: \_\_\_\_\_ Unit #: \_\_\_\_\_

### II. COMPLAINT INFORMATION

Name (Last, First, MI): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Written Statement: Yes No Taped Statement: Yes No

### III. WITNESS INFORMATION

Witness Name (1): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Written Statement: Yes No Taped Statement: Yes No

Witness Name (2): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Written Statement: Yes No Taped Statement: Yes No



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## COMPLAINT AGAINST OFFICER (CONTINUED)

Witness Name (3): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Written Statement: Yes No Taped Statement: Yes No

### IV. DETAILS

Please provide the nature of the allegation and specific details of the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. SIGNATURE

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: I attest that the information given is true and accurate to the best of my knowledge, information and belief.*

### VI. NOTARY / CLERK

Sworn to and subscribed in my presence by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_ yr 20\_\_\_\_\_.

Affix Seal

\_\_\_\_\_  
Printed Notary/Deputy Clerk Name

\_\_\_\_\_  
Signature of Notary Public / Deputy Clerk