

MARYSVILLE DIVISION OF POLICE



1250 West Fifth Street . Marysville, Ohio 43040 . Phone: 937-645-7300 . Fax: 937-645-7301 . E-mail: police@marysvilleohio.org

PROFESSIONAL ACCOUNTABILITY

COMPLAINT FORM

Complaints of misconduct are taken very seriously.

We respect your privacy and will not distribute your personal information except as necessary to resolve your request or complaint. However, you should be aware that this information is subject to the State's public disclosure laws and may be disclosed upon request.

We encourage you to provide as much information as possible, as it is helpful to the investigators to be able to follow up on information or speak to people involved in the incident to gather evidence.

YOUR INFORMATION:

Name (First, Last, M.I.): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ I prefer: Home Work E-mail

INFORMATION ABOUT THE INCIDENT:

Location: _____

Incident Date: _____ Incident Time: _____

Name of MPD Officer (if known): _____

Our Mission: The Marysville Division of Police promotes public safety, protects property and life and safeguards individual rights by providing professional law enforcement services.

Name of Witness(es) or Others Involved: _____

Witness Phone(s): _____

Do you have photographs or video relevant to this incident? Yes: Video Photos No

Please describe the incident: _____

A copy of your complaint file may be requested through the Marysville Division of Police.

Do you want your name and contact information disclosed? Yes No

I hereby certify that the information in this complaint is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

OTHER WAYS TO FILE A COMPLAINT:

E-mail: MarysvillePD@marysvilleohio.org
Phone: (937) 645-7300
Fax: (937) 645-7301
Mail: 1250 W. Fifth St.
Marysville, Ohio 43040

In Person:
Marysville Police Division
1250 W. Fifth St. Marysville,
Ohio 43040