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: ____________________________________________________________

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

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