Mariemont Police Department
Complaint/Commendation Form

For Official Use Only
Case No.

Date Stamp

Citizen's Last Name, First, Middle ☐ Male ☐ Female	Race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other	Date of Birth
Address City/Zip ☐	Home Phone ( )	Work Phone ( )

Complete this Portion if Complainant is a Minor or if Assisted by an Attorney

LAST Name, First, Middle	Relationship	
Address City/Zip ☐	Home Phone ( )	Work Phone ( )

Location of Occurrence	Day	Date	Time ☐AM ☐PM

Identity of Involved Personnel

Badge No.	Name/ Vehicle No., etc. ☐ Officer ☐ Civilian	Sex	Race

Brief Narrative Using Own Words. *(If you need more space, use an additional sheet of paper.)*

Were you injured? ☐ No ☐ Yes *(Describe)*

Witness Name (LAST, First, Middle)	Address City/Zip	Phone (Include Area Code)

I have read and understood this statement, which I have made of my own free will, and the facts contained therein are true and correct to the best ofmy knowledge.

Citizen Signature X _____ Date _____

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Check all Categories that Apply:
☐ Force ☐ Conduct ☐ Untruthfulness
☐ Procedure ☐ Bias/Discrimination
Other _____

Complaint/Commendation received by ☐ Walk-in ☐	Date Received
Intake Officer/Personnel	