

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT**

5715 Woodland Avenue • Cleveland, Ohio 44104 • 216-426-7760

**CITIZEN COMPLAINT FORM**

Citizen's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

On behalf of Minor or Subject's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

A response to the following questions is NOT REQUIRED, but will help us develop and maintain internal processes to identify patterns and trends. This information applies to the person making the complaint.

Gender  Male  Female Race:  American Indian  Asian  Black or African American  White  
 Hispanic or Latino  Native Hawaiian or other Pacific Islander

**Identity of Members Involved**

Badge No.	Name / Vehicle Number or Other Description	Sex	Race

Were you injured?  No  Yes (Describe)

Were you arrested?  No  Yes (If yes, what were you arrested for?)

Did you require medical attention?  No  Yes Taken to:

Will you sign a medical release form?  No  Yes

I, \_\_\_\_\_ do hereby affirm that member(s) of the CMHA Police Department, committed act(s) of misconduct or violation of law as described below. I affirm the statements are true and understand that by filing this complaint, an investigation will be conducted by the Department and that appropriate disciplinary action may be taken.

Please be advised that if you make any false statements in this complaint, you may be prosecuted for filing a false police report and be subject to civil liability.

**Brief Narrative Using Own Words.** (If you need more space, use additional pages. Any questions, call Complaint Investigations at 216-426-7760, ext. 7822)

DATE AND TIME OF OCCURRENCE:

LOCATION OF OCCURRENCE:


What is your desired outcome?


Witness Name(s)	Address	City/Zip	Phone (include Area Code)

I understand that I make this statement of my own free will, and the facts as described are true and correct to the best of my knowledge. I also understand that I may be subjected to prosecution or civil liability for filing a false police report.

Citizen's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Complaint Received by <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax	Intake Personnel	Date Received	Report/Incident No.
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