



URBANA POLICE DIVISION

205 South Main Street
Urbana, Ohio 43078

CITIZEN COMPLAINT FORM

Citizen's Information (person reporting complaint)

Citizen's Name	Home Telephone Number	Daytime Telephone Number (If Different)
Address (include street address, city, state & zip)		
Date of Birth	Social Security Number	Sex
Occupation	Employer	Employer's Telephone Number

Complaint Information

Incident Date & Time	Incident Location	Incident Number (If Known)
Police Employee's Name	2nd Employee's Name (If Applicable)	3rd Employee's Name (If Applicable)
Witness's Name, Address, Telephone Number		
Witness's Name, Address, Telephone Number		
Describe Basis For Complaint (Attach Additional Statement, If Necessary)		
Citizen's Signature		Date

Receipt & Disposition Information (Office Use Only)

Employee Receiving Complaint	Date and Time Received	Report Forwarded to (If Applicable)
Type of Complaint ____ Class 1 ____ Class 2 ____ Class 3	Final Disposition	Final Disposition Date