



# COMPLAINT FORM

**CITY OF SPRINGFIELD, OHIO**  
**OFFICE OF THE CITY MANAGER**  
 76 E. High Street  
 Springfield, Ohio 45502  
 Tel: (937) 324-7300  
 Fax: (937) 328-3497

*To Be Completed by SPD Staff*  
 Name | Rank | CAD No.

Incident Summary (IS) Number

Date & Time Complaint Received

*To be completed by CMO Staff*

Date Received

Received: In Person | Fax | E-mail | U.S. Mail | MPD |  
 Other (please specify below):

Complainant's Name – Last, First, Middle Initial		Date of Birth	Gender	Race or Ethnicity	
Home Address			Home Telephone Number		
Email Address		Cell Number		Alternate Contact Information	
Date of Incident	Location of Incident	Time of Incident	Day of Week Incident Occurred	Police Vehicle No. / Description	
Officers Involved (name, badge number)					
Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.)					
Describe Injuries (if any)			Where Treated (name of hospital, doctor, etc.)		
Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including other police officers)				Preferred Language of Communication (if other than English)	

Complainant's Name – Last, First, Middle Initial

Describe the Incident:

Attach Additional Pages if Necessary

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Complainant's Certification

I hereby certify that, to the best of my knowledge, the statements made herein are true. I acknowledge that the making of false statements is punishable by criminal penalties.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date