



CITY OF AVON

POLICE DEPARTMENT



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ALLEGATION OF AVON POLICE EMPLOYEE MISCONDUCT

The Avon Police Department is committed to providing quality service to all individuals in the City of Avon and has a long-standing tradition of prompt and professional service. The quality of life in our community is impacted by our work. All employees are expected to uphold the department's police code of ethics, rules, policies, procedures, directives, and orders as well as all city, state, and federal laws that relate to their employment. If our employees act outside this scope of employment and evidence of misconduct is determined, appropriate administrative or criminal processes will be implemented.

As stated in Ohio Revised Code 2921.15 **Making false allegation of peace officer misconduct:** No person shall knowingly file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegation is false. Whoever violates this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree.

The Avon Police Department has procedures in place for investigating citizen complaints through identified or anonymous sources. Complaints received through anonymous sources are difficult to properly investigate. Without providing contact information, the ability to further clarify the complaint and investigate thoroughly is compromised. The information requested below is necessary to ensure a prompt investigation. **However, this form is not required in order for a complaint to be processed.**

Note: Complaints about the underlying reason for a traffic citation or criminal arrest must be resolved by the court and cannot be investigated against an Avon Police Department employee.

COMPLAINANT'S NAME (FIRST, LAST, MI)			
STREET ADDRESS		CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER		EVENING TELEPHONE NUMBER	
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION	
RELATED ACCIDENT, ARREST OR CITATION NUMBER		OFFICER'S NAME (If known)	
BRIEF STATEMENT OF FACTS (required):			
If additional space is needed, please attach an additional page.		*Do not write on the back of this form*	
SIGNATURE OF COMPLAINANT X			DATE

***** BELOW COMPLETED BY POLICE PERSONNEL ONLY *****

NAME OF SUPERVISOR RECEIVING COMPLAINT	BADGE #	DATE RECEIVED	TIME
		METHOD (In person, phone, letter, other)	
SUPERVISOR ASSIGNED COMPLAINT	BADGE #	DATE RECEIVED	TIME