



THE CITY OF SHAKER HEIGHTS
DEPARTMENT OF POLICE



Confidential Complaint Form

The Shaker Heights Police Department strives to provide professional police service to the community while being respectful and courteous. Any allegations of misconduct by members of the Shaker Heights Police Department will be investigated and the outcome will be made available to you.

Please sign the form below and complete the written statement of the facts related to your complaint including the date, time, officer(s) involved, the alleged violation and the names of all witnesses. It is very important to accurately document the facts of this incident to the best of your recollection. This complaint will be reviewed by the Chief of Police and directed to the appropriate staff member for investigation.

Please note: If you wish to remain anonymous, you may do so. However, if you would like someone from the Shaker Heights Police Department to follow up with you regarding your complaint, you will need to include contact information.

I understand any false allegations made against a member(s) of the Shaker Heights Police Department could result in criminal prosecution.

I have read and understand the above information.

_____/_____
Signature Date

_____/_____
Witness Date

This form may be submitted online, in person, or
mailed to: The Shaker Heights Police Department
Attention: Chief of Police
3355 Lee Road, Shaker Heights, Ohio 44120



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Confidential Complaint Form

Complainant Information

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Complaint *(accurately describe the incident)*

Date of Incident: _____ Time: _____

Officer(s) Involved: _____

Witness(es): _____

Complaint: _____

This form may be submitted online, in person, or
mailed to: The Shaker Heights Police Department
Attention: Chief of Police
3355 Lee Road, Shaker Heights, Ohio 44120

Complaint (cont'd):

Are you under 18 years old? Yes or No

Signature: _____ Date: _____

(For Office Use)
Receiving Officer: _____ Date: _____ Time: _____
