



COMPLIMENT/COMPLAINT FORM

HUDSON POLICE DEPARTMENT
36 South Oviatt Street
Hudson, OH 44236
Tel: (330)342-1800
Fax: (330) 342-1821

To Be Completed by HPD Staff

Name | Rank | Unit No.

Signature

HPD Incident Number

Date & Time Compliment/Complaint Received

Citizen's/Complainant's Name – Last, First, Middle		Date of Birth	Gender	Race or Ethnicity
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Home Address	Home Telephone Number
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Email Address	Cell Number	Alternate Contact Information
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Date of Incident	Location of Incident	Time of Incident	Day of Week Incident Occurred	Police Vehicle No. / Description
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Officer(s)/Employee(s) Involved (*name, badge number*)

Physical Description of Officer(s)/Employee(s) (*hair and eye color, height, sex, race/ethnicity, etc.*)

Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (*including other police officers*)

2921.15 Making False Allegations of Police 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 False Allegations of Peace Officer Misconduct, a Misdemeanor of the 1st degree.

I understand that by signing this complaint, and if the complaint is UNFOUNDED, I could be charged criminally.

