

## Police Misconduct Complaint Form

The project to document police misconduct is brought to you by Student Legal Services, Inc.

If you feel you have been a victim of or a witness to police misconduct by the Wood County Sheriffs Department, Bowling Green Police Department, Liquor Control (The Ohio Department of Safety), Bowling Green State University Police Department or other law enforcement officers, DOCUMENT their actions.

The purpose of this Complaint Form is to identify police problems, help decide what solution to pursue, and to design organizing strategies for securing accountability and reform.

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- Check here if you wish to remain anonymous.
  - Check here if you want this complaint forwarded to the law enforcement agency in question.

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

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Location

\_\_\_\_\_

Time

\_\_\_\_\_

Where you issued a citation?  Yes  No

If yes, what was the charge? \_\_\_\_\_

Was anyone else issued a citation?  Yes  No

If yes, what was the charge? \_\_\_\_\_

Were you arrested?  Yes  No

If yes, what was the charge? \_\_\_\_\_

## Police Misconduct Complaint Form Cont.

Was anyone else arrested?       Yes       No

If yes, what was the charge?

Approximately how long did the process last, from time of initial detention to release?

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What was the name or badge number and department of the agent who arrested or cited you or others at the incident? Give a description if you do not know the name.

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If you were arrested or cited, do you plan to contest the charges?    Yes    No

Did you speak to an attorney?    Yes    No

Did you use Student Legal Services for advice?    Yes    No

Injuries?    Yes    No    If yes, describe: \_\_\_\_\_

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Description of incident (Please use the back or continue on a separate sheet of paper if necessary.) \_\_\_\_\_

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Your signature

Date \_\_\_\_\_

Write "anonymous" if you do not wish to give your name.