

CHIEF OF POLICE T LIVENGOOD

Pioneer Police Department
Citizen Complaint Form

Incident Information

Date of Incident:

Location:

Time of Incident:

Nature/Type of Incident:

Officer's Name:

Complainant Information

Name (Last, First, Middle):

Sex:

DOB:

Home Address:

City:

State, Zip:

Phone:

Written Statement'.

Yes C] No

Taped statement: C] Yes O No

Witness Information

1,Name (Last, Flrst, Middle): Sex:

DOB: Home Address:

City; State, Zip: Phone:

Written Statement: C) Yes C) No Taped Statement: Cl Yes C] No

2.Name (Last, First, Middle): Sex:

DOB: Home Address:

City: state, Zip: Phone:

No Written Statement: C) Yes No Taped Statement: C) Yes CJ

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Details of Incident

Signature of Complainant: _____ Date: _____

My signature verifies that the Information on this report js accurate and true. If more space Is needed, please request a Pioneer Police Department Voluntary Statement Form.

Note: Complaints about the underlying reason for a traffic citation or criminal arrest must be resolved by the court and cannot be investigated as a complaint against a Pioneer Police Officer,

* *The Pioneer Police Department Is committed to Investigating concerns of offlcer misconduct, Officers can be targets of false complaints by people who seek revenge on them for doing their job. The Ohio Revised Code makes It a misdemeanor of the first degree to knowingly file a false complaint of misconduct against a peace officer (Ohio Revised Code, section 2921.15), The Pioneer Police Department feels that people need to know the law exists and that when appropriate, the charge will be filed against violators of this law. Please remember, It Is not only expensive to

Investigate false complalnts, but can also affect an officer's career, Thls Information Is given not to keep people from flllng complalnts but to Inform them of the law.

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For Pioneer Police Department Use Only

Any other officers, not named in the first page of this form, involved in this complaint?

Officer	Agency

Recelvlng Officer's Observations

Complainant Intoxicated or Impaired: Yes NO

Indicators: Admlsslon Odor [3 Slurred Speech Blood-Shot eyes Other _____

Other Unusual Behavior: _____

Complainant Injured: Yes NO Visible: ☐ Yes ☐ No

Location and Type of Injury: _____

Photos: Yes No Medical Release: Yes No Incident Report Attached: Yes NO

Initial Action Taken:

Received By: Date: Time:

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Assigned to Investigate: Date: Tlme:

Investigation Completed by: Date: Time:

Investigation Findings; Sustained Not sustained Unfounded Exonerated

Officer Advised of Findings: C) Yes Cl No Date:

Dlsclplinary Action Taken: C) Yes C] No If Yes, what:

CITIZEN OFFICER COMMENDATION

Recognizing outstanding service, professionalism, and community care

FILLABLE FORM

Use this form to recognize an officer whose actions made a positive difference.
Please share specific details. Fields marked optional may be left blank.

1. OFFICER AND INCIDENT DETAILS

Officer name(s)

Badge I ID number (if known)

Date of incident

Approximate time

Location I area

Type of interaction (select any that apply)

☐ Assistance / service Emergency response C] Community engagement C] Other

2. YOUR COMMENDATION

What did the officer do that deserves recognition?
Include what happened. how the officer responded, and why it mattered to you or others.

Which qualities did the officer demonstrate? (select any that apply)

☐ Compassion PCOfessionalism C] Integrity Courage

☐ Clear communication C] Going above and beyond C.] Other

3. YOUR CONTACT INFORMATION Optional, but helpful for follow-up

Your name

Phone number (optional)

Email address (optional)

Preferred contact method

Phone Email No follow-up

Submit to your local police department or agency using its published commendation process.

Please do not include sensitive personal information unrelated to the commendation.

Thank you for recognizing public service.