

CANTON POLICE DEPARTMENT  
 OFFICE OF THE CHIEF OF POLICE  
 P.O. BOX 24218, CANTON, OHIO 44701-4218  
 221 - 3<sup>RD</sup> ST. S.W., CANTON, OHIO 44702  
 (330) 489-3111

Complaint No. \_\_\_\_\_

Internal Affairs Case No. \_\_\_\_\_

**PERSONNEL COMPLAINT**

Date	Time	Location of Interview		
Complainant's Name		Address		
Residential Phone	Work / Other Phone		Cell Phone / Pager	
Nature / Type of Complaint				
Date of Occurrence	Time of Occurrence		Day of Week	
Location of Occurrence			Was Complainant Arrested in the Incident?	
Officer (s) Involved, Include Badge No. If known			Division or Bureau	
Witness (es)				
Witness Address			Witness Phone No.	

**Narrative / Nature of Complaint**

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Use CPD Form # 76 for additional space

SIGNATURE: _____	DATE: _____
NOTICE: COMPLAINANT ATTESTS OR SWEARS THAT THE ABOVE INFORMATION IS THE TRUTH TO THE BEST OF THEIR KNOWLEDGE UNDER PENALTY OF LAW. O.R.C. 2921.13, FALSIFICATION, IS A FIRST DEGREE MISDEMEANOR.	

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 Interviewing Supervisor

\_\_\_\_\_  
 Major Assigned

\_\_\_\_\_  
 Bureau Assigned

