

Steps for Filing a Complaint

Any person who has personal knowledge of facts or reliable information may file a complaint with the Saint Henry Police Department. All known information should be completed on the form and no information shall be purposely omitted from the form.

Upon completion of Citizen Complaint Form(CCF) against an officer, the form should be returned either to the Chief of Police or the Village Office during regular business hours, mailed to the Saint Henry Police Department, or e-mailed to the Chief of Police.

If the person making a complaint sets forth specific believable facts supporting an allegation of misconduct but wishes to remain anonymous, the Chief of Police receiving the complaint may, with sole discretion, permit the complainant to remain anonymous. If the Chief of Police has reason to believe the complaint is unfounded, the Chief of Police may refuse to accept a complaint and shall advise the anonymous person of that fact.

The complaint will be investigated and a determination of findings will be returned to the complainant within 30 days. If not completed within 30 days the Chief of Police will contact the complainant and explain the reasoning for the extended time frame.

After a CCF is filed, the Chief of Police shall sign the document keeping a copy for the agency and providing a copy to the complainant.

A complainant may be accompanied by an attorney or other representative at the time a complaint is filed or at any other stage of the process.

Any complaint made against a Chief of Police shall initially be filed with the mayor of the village.

A CCF is available to the public on the village website and in paper copy at the Saint Henry Police Department.

A CCF is subject to Public Records laws per the Ohio Revised Code.

Saint Henry Police Department
121 W. Washington St.
Saint Henry, Ohio 45883
Phone: 419-678-4141
E-mail: shpd2500@yahoo.com

Citizen Complaint Form

Complainant Information

Name: _____ Date of Birth: _____

Address _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Officer Information

Officer's Name: _____ Badge
Number: _____

Officer's Physical Description (hair, eye color, height, sex, race/ethnicity etc.):

Police Vehicle Number or Description:

Medical Information

Describe Injuries (if any):

Where Treated (Name of Hospital, Doctor, etc.):
