

**Strongsville Police Department  
COMMENDATION-COMPLAINT REPORT**

<b>YOUR INFORMATION</b>				<b>FOR DEPARTMENTAL USE ONLY</b>		
<u>Name (Last)</u>	<u>(First)</u>	<u>Phone #</u>		<u>Received at</u>	<u>Received by</u>	<u>Date and time received</u>
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Date &amp; time occurred</u>		<u>Related Report #</u>
<u>Place of Employment</u>	<u>Location</u>	<u>Work Phone</u>		<u>Employees involved</u>		
<u>Other witnesses, addresses, &amp; phones</u>				<u>Officer assigned</u>	<u>Date assigned</u>	<u>IA Number</u>

**Please list the specific things that the employee(s) did that are the cause for this commendation or complaint.**

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Completed by: \_\_\_\_\_ Date & Time: \_\_\_\_\_ Other person(s) assisting: \_\_\_\_\_

(On the reverse side of this form, explain in detail, what happened, where it occurred, and who was involved. Please use additional statement sheets to complete your explanation. )

