## Strongsville Police Department COMMENDATION-COMPLAINT REPORT

YOUR INFORMATION				FOR DEPARTMENTAL USE ONLY			
Name (Last)	( <u>First)</u>		Phone #	Received at	Received by	Date a	nd time received
Address	City	State	<u>Zip</u>	Date & time oo	ccurred	Relate	d Report#
Place of Employment	<b>Location</b>	Work l	<u>Phone</u>	Employees inv	<u>olved</u>		
Other witnesses, address	sses, & phones			Officer assigne	<u>Pate a</u>	assigned	IA Number

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

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.)

Rev.: 7/13/2010

## Strongsville Police Department

STATEMENT	Case No.	Page No.	of	Pages
I,		do hereby make th	e following	statement on my own
free will and accord concer	rning (INCIDENT)		which occ	curred at (LOCATION),
	Date and time of o	ccurrence		
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		WITNESS		
Sign	Address		Da	ate
Phone	Date of Birth	SS#		