Police Misconduct Complaint Form

The project to document police misconduct is brought to you by Student Legal Services, Inc.

If you feel you have been a victim of or a witness to police misconduct by the Wright State University Public Safety Officers, Liquor Control (The Ohio Department of Safety), or other law enforcement officers, DOCUMENT their actions.

The purpose of this Complaint Form is to identify police problems, help decide what solution to pursue, and to design organizing strategies for securing accountability and reform.

________________________________________
O Check here if you wish to remain anonymous.
O Check here if you want this complaint forwarded to the law enforcement agency in question.

Name
_________________________________________________________________________

Address
_______________________________________________________________________

City _______________________ State_______________________
Zip_____________________

Telephone ____________________________________E-Mail___________________________

Location
_______________________________________________________________________

Time
________________________________________________________________________

Where you issued a citation? O Yes O No If yes, what was the charge?

Was anyone else issued a citation? O Yes O No If yes, what was the charge?

Were you arrested? O Yes O No If yes, what was the charge?

Was anyone else arrested? O Yes O No If yes, what was the charge?

Approximately how long did the process last, from time of initial detention to release?

What was the name or badge number and department of the agent who arrested or
cited you or others at the incident? Give a description if you do not know the name.

_______________________________________________________________________________

_______________________________________________________________________________

If you were arrested or cited, do you plan to contest the charges? O Yes O No
Did you speak to an attorney? O Yes O No
Did you use Student Legal Services for advice? O Yes O No
Injuries? O Yes O No If yes, describe:_____________________________________________

_______________________________________________________________________________

Description of incident (Please use the back or continue on a separate sheet of paper if necessary.)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

____________________________________Date________________________

Your signature

Write "anonymous" if you do not wish to give your name.