

## 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.

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

Name

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Address

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City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-  
Mail \_\_\_\_\_

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Location

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Time

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

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

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

Was anyone else arrested?  Yes  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.

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If you were arrested or cited, do you plan to contest the charges?  Yes  No

Did you speak to an attorney?  Yes  No

Did you use Student Legal Services for advice?  Yes  No

Injuries?  Yes  No If yes, describe: \_\_\_\_\_

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

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Your signature

Date \_\_\_\_\_

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