



SYLVANIA POLICE DIVISION

COMPLAINT FORM

IA #: _____

Reporting Person: _____ DOB: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Incident Location: _____ Incident Date/Time: _____

Nature of Complaint: _____

Witness: _____ Address: _____ Phone #: _____

Witness: _____ Address: _____ Phone #: _____

Details of Your Complaint

If Needed, Please Use the "Complaint Form - Continued" to Complete Your Statement

Warning: I have read the above account of the incident described and attest that this is a true and accurate statement. I further understand that I am filing this official statement with the Sylvania Police Division and any false statements made by me may subject me to prosecution under the Ohio Revised Code Section 2921.13 entitled "Falsification", and that if I am convicted of a violation of this section I would be guilty of a misdemeanor of the first degree.

Signature of Person Filing This Complaint: _____ Date and Time: _____

Rec. By: _____ ID#: _____ Date/Time: _____ Received: In Person Phone Mail



SYLVANIA POLICE DIVISION

COMPLAINT FORM - CONTINUED

IA #: _____

Details of Your Complaint

Signature of Person Filing This Complaint: _____ Date and Time: _____