



It is the standard practice of the Goshen Police District to conduct comprehensive and thorough investigations into any allegation of misconduct or substandard service. Whether such allegations are from individual’s complaints or internally generated.

Our procedure for receiving and investigating such allegations shall comply with all requirements of the Ohio Revised Codes and in compliance with the Goshen Police District Department Policy.

Complaints will **ONLY** be accepted in writing via the departments officer complaint form. Any complaints via telecommunications are considered invalid without a handwritten complaint form obtainable from the department’s record office. Anonymous complaints or complaints from individuals who wish their names to be held in confidence, may be accepted for investigation but the complaint proceedings may become inconclusive due to third party (**hear-say**) evidentiary information.

The notification of the complainant is an integral part of a complete investigation. However, it should be emphasized that only the final disposition will be released. The discipline imposed, if any, must be regarded as confidential personnel information.

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. THIS AGENCY MAY FIND AFTER THE INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER OR ANY MEMBER OF THE POLICE DEPARTMENT BEHAVED IMPROPERLY. IF THE COMPLAINT IS FOUND TO BE INVALID, FABRICATED OR FALSE, IT WILL BE REFERRED TO THE PROSECUTOR FOR REVIEW OF POTENTIAL CHARGES OF FALSIFICTION AS MANDATED IN OHIO REVISED CODE (ORC) 2921.15 – MAKING FALSE ALLEGATION OF PEACE OFFICER MISCONDUCT, A MISDEMEANOR OF THE FIRST DEGREE.

I have read and understand the above statement.

(Complainant Signature) _____ (Date Signed) _____

DEPARTMENT USE ONLY

Date Reported: _____ Time: _____
Complaint addressing: Personnel _____ Policy/Service _____

Received by: _____
(Signature)