



## Ross Township Police Department

4055 Hamilton Cleves Rd.  
Fairfield, Ohio 45014  
Telephone: (513) 863-2337

# CITIZEN COMPLIMENT/COMPLAINT FORM

Name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Phone (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Witnesses Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witnesses Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Officer or Employee: \_\_\_\_\_

### DESCRIPTION OF COMPLIMENT/COMPLAINT

(Be Detailed – Use Additional Paper If Necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Your Signature)

NAME OF THE RTPD EMPLOYEE TO WHOM THIS COMPLIMENT/COMPLAINT FORM IS GIVEN:

\_\_\_\_\_  
DATE \_\_\_\_\_

Followed-up With Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_

Method of Follow Up: \_\_\_\_\_