



**Ross Township Police Department**

3133 Hamilton Cleves Rd.  
Hamilton, Ohio 45013  
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: \_\_\_\_\_

