

# Citizen Complaint Form - Online

This is the official form for filing a complaint against an employee of the Boardman Police Department. All complaints received will be thoroughly investigated and the citizen making the complaint will be advised of the action taken.

It is the policy of the Boardman Police Department that employees will perform their duties in a proper and legal manner. By the very nature of the business, an occasional improper contact may occur and will be corrected.

By the same token, any false or malicious citizen complaints will be investigated so that appropriate legal action may be taken. No legal action will be considered against a citizen acting in good faith. It is our goal that you will never need to use this form. We do not want to fail in our continuing efforts to give you the best possible service.

## Related Links

- [Citizen Complaint Form](#)

You must have JavaScript enabled to use this form.

Name

Please enter your full name

Address

Please enter your mailing & physical address including city, state, and zip code

Date of Birth

Person who is filing complaint date of birth

Complaint Number

For Office Use Only

Email Address

Please enter email address of person filing complaint

Phone Numbers:

Home Phone Number

Work Phone Number

Cell Phone Number

Incident Location

Please enter the location where the incident occurred

Incident Number

Please enter the incident number (if known)

Case Number

Please enter the case number (if known)

Date of Incident

Please select the date on which the incident occurred

Time of Incident

Time

To the best of your knowledge, please enter the time in which the incident occurred

Witness - 1

Full Name

Please enter the name of the witness to the incident

Address

Please enter mailing & street address, city, state & zip of the witness to the incident

Phone Numbers

Please enter the home, work, and/or cell phone number of the witness to the incident

Witness - 2

Full Name

Please enter the name of the witness to the incident

Address

Please enter mailing & street address, city, state & zip of the witness to the incident

Phone Numbers

Please enter the home, work, and/or cell phone number of the witness to the incident

Witness - 3

Full Name

Please enter the name of the witness to the incident

Address

Please enter mailing & street address, city, state & zip of the witness to the incident

Phone Numbers

Please enter the home, work, and/or cell phone number of the witness to the incident

Involved Police Officer or Employee - 1

Name

Please enter name of the officer or employee involved in the incident

Badge Number

Please enter the officers badge number involved in the incident (if known)

Description / Other Identifier

Please enter a description or other identifier of the officer or employee involved in the incident

Involved Police Officer or Employee - 2

Name

Please enter name of the officer or employee involved in the incident

Badge Number

Please enter the officers badge number involved in the incident (if known)

Description / Other Identifier

Please enter a description or other identifier of the officer or employee involved in the incident

Involved Police Officer or Employee - 3

Name

Please enter name of the officer or employee involved in the incident

Badge Number

Please enter the officers badge number involved in the incident (if known)

Description / Other Identifier

Please enter a description or other identifier of the officer or employee involved in the incident

What Happened

Please explain the details of your complaint. Include as much detail as possible.

Would you like to Attach a Written Statement

☐ Would you like to Attach a Written Statement

- ☐ Yes
- ☐ No

Signature

Signature of person filing complaint. By placing your name here acts as your official signature for purposes of this form

Time

Time

Time complaint is submitted

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Submit