

COMPLAINT FORM

Brooklyn Heights Police Department
345 Tuxedo Avenue
Brooklyn Heights, Ohio 44133
www.brooklynhts.org
(216) 741-2700 FAX (216) 741-3868

Name of Complainant: _____

Sex: M F Age: _____ Date of Birth: _____

Home Address: _____

Work Address: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Alternate Address: _____

Location of Incident: _____

Day, Date & Time of Incident: _____

Please describe any injuries suffered: _____

Were photos taken of the injuries/by whom? _____

Where and by whom were the injuries treated? _____

Were you arrested? YES NO Criminal Charges Pending? YES NO

Charges: _____

Subject Officer Information

Last Name	First Name

