OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

ALLEGATION OF OHIO STATE HIGHWAY PATROL EMPLOYEE MISCONDUCT

The Ohio State Highway Patrol has established a long-standing tradition of prompt and professional service. We are committed to maintaining the public's trust and accountability through competent and thorough investigations. If our employees act outside the scope of Highway Patrol rules, regulations, policies, procedures, or state or federal civil and/or criminal law, and **evidence of misconduct is determined, appropriate administrative or criminal processes will be implemented.**

As stated in Ohio Revised Code 2921.15 **Making false allegation of peace officer misconduct**: No person shall knowingly file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegation is false. Whoever violates this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree.

The Ohio State Highway Patrol has a well defined procedure for investigating citizen complaints whether through identified or anonymous sources. However, complaints received anonymously are difficult to properly investigate. Without providing contact information, the ability to further clarify the complaint and investigate fully is compromised. The information requested below is necessary to ensure a prompt investigation. **However, this form is not required in order for your complaint to be processed**. Mail completed form to the address provided below or call #677 (in Ohio) to be connected to the nearest Ohio State Highway Patrol Post to begin the complaint process.

Ohio State Highway Patrol
Administrative Investigations Unit
1583 Alum Creek Drive
Columbus, Ohio 43209 - 2713

COMPLAINANT'S NAME (First, Last, MI)			
STREET ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	DAYTIME TELEPHONE #	EVENING TELEPHONE #	
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION	
ARREST, ACCIDENT, OR CITATION #	OFFICER'S NAME (If known)		
BRIEF SUMMARY OF ALLEGATION(S) (required)			
If additional space is required, please write on the back of this form or attach an additional page.			
SIGNATURE OF COMPLAINANT **X**			DATE

TO BE COMPLETED BY OSHP PERSONNEL

NAME OF EMPLOYEE WHO RECEIVED THE COMPLAINT				
UNIT #	DISTRICT #	POST #	DATE	TIME
LOCATION (Facility, other)	METHOD (In person, telephone, letter, other)			