



Dear Community Member,

The City of Union Police Department is committed to providing professional, lawful, and respectful service to all members of the community. We recognize the importance of accountability and transparency, and we take all complaints regarding officer conduct seriously.

Any individual who believes they have been treated improperly by a member of this department has the right to file a complaint. Complaints may be submitted in any of the following ways:

- **In Person:** Complaints may be made at the Union Police Department: 201 W. Martindale Rd. Union, OH 45322, during normal business hours.
- **By Telephone:** You may contact the Police Department at (937) 836-0912 and request to speak with a supervisor.
- **Online:** Complaints can be found online on the department's website at <https://www.unionoh.org/1254/Forms-Applications>

When submitting a complaint, please provide as much detail as possible, including the date, time, and location of the incident, the name or badge number of the officer involved (if known), and a clear description of the concern. Providing your contact information will assist in the review and investigation process; however, anonymous complaints will be accepted and reviewed to the extent possible under Ohio law and departmental policy.

All complaints are reviewed and investigated in accordance with department policy, applicable collective bargaining agreements, and Ohio law. Investigations are conducted fairly and objectively. Certain aspects of an investigation may be subject to confidentiality or public records limitations as outlined in the Ohio Revised Code.

If you have questions regarding the complaint process, you are encouraged to contact the Police Department for assistance.

We appreciate your willingness to bring concerns forward and for helping us maintain the highest standards of professionalism and public service.

Michael J. Blackwell  
Chief of Police



## City of Union Police Department

201 W. Martindale Rd. Union, Ohio 45322

Chief Michael J Blackwell



### Formal Officer Complaint

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

#### Incident Details

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
Officer Involved or description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Please Check all that apply

- |                                                             |                                           |
|-------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Directly Involved in Incident      | <input type="checkbox"/> Arrested/Charged |
| <input type="checkbox"/> Present for Incident               | <input type="checkbox"/> Warning          |
| <input type="checkbox"/> Witness to the Incident            | <input type="checkbox"/> Traffic Stop     |
| <input type="checkbox"/> Heard about Incident from another. | <input type="checkbox"/> Other: _____     |

Who: \_\_\_\_\_

\_\_\_\_\_

**Witness Information**

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

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

DOB:\_\_\_\_\_ Phone #:\_\_\_\_\_ Phone #:\_\_\_\_\_

E-mail:\_\_\_\_\_

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

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

DOB:\_\_\_\_\_ Phone #:\_\_\_\_\_ Phone #:\_\_\_\_\_

E-mail:\_\_\_\_\_

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

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

DOB:\_\_\_\_\_ Phone #:\_\_\_\_\_ Phone #:\_\_\_\_\_

E-mail:\_\_\_\_\_

**Please provide a list of specific allegations of misconduct**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Incident Summary**

\_\_\_\_ of \_\_\_\_

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

Time: \_\_\_\_\_

**Incident Summary**

\_\_\_\_ of \_\_\_\_

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

Time: \_\_\_\_\_

[illegible]

           of           

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

Date:\_\_\_\_\_

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

Time:\_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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## **Acknowledgement and Endorsement**

The City of Union Police Department is committed to maintaining the public's trust and accountability through competent and thorough investigations. If our employees act outside the scope of the departmental 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.

The City of Union Police Department has the responsibility to protect the rights of all persons within its jurisdiction. This includes protecting its officers and employees from false allegations of misconduct. In this context, complainants should be made aware of the following sections of the Ohio Revised Code:

- Section 2921.15(B) – 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.
- Section 2921.13(A)(3) – No person shall knowingly make a false statement, or knowingly swear or affirm the truth of a false statement previously made when any of the following apply:
  - (3) The statement is made with purpose to mislead a public official in performing the public official's official function.
- Section 2917.32(A)(3) – No person shall do any of the following:
  - (3) Report to any law enforcement agency an alleged offense or other incident within its concern, knowing that such offense did not occur.

*These crimes are misdemeanors of the first degree punishable upon conviction by a fine not more than \$1,000 and/or imprisonment not more than 6 months.*

**I acknowledge this form is a complaint in compliance with ORC 2921.15(B).**

**I swear or affirm that all information provided in this formal officer complaint is the truth to the best of my knowledge and belief.**

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

Date: \_\_\_\_\_

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

Time: \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Peace Officer Notary