



### 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.

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 1-877-7-PATROL (in Ohio) to be connected to the nearest Ohio State Highway Patrol Post to begin the complaint process.

The Ohio State Highway Patrol  
Administrative Investigations Unit  
1970 West Broad Street  
P. O. Box 182074  
Columbus, Ohio 43218

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Date / Time of Incident: \_\_\_\_\_ / \_\_\_\_\_ Location: \_\_\_\_\_

Arrest, Accident, or Citation Number / 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 \_\_\_\_\_

\*\*\*\*\* 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) \_\_\_\_\_

