



Citizen Complaint Form

Wellington Police Department

147 East Herrick Avenue

Wellington, Ohio 44090

Ph. (440) 647-2244



James McPike
Chief of Police

Complaint Number _____

Hans Schneider
Mayor

Submit Complaint

Complainant's full name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Phone number: Click or tap here to enter text.

Complainant's address: Click or tap here to enter text.

Incident Information

Location of incident: Click or tap here to enter text.

Date: Click or tap to enter a date.

Was an arrest made? Choose an item. If **yes**, complete this section

Name of person arrested: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Address of person arrested: Click or tap here to enter text.

Complainant's relationship to person arrested: Click or tap here to enter text.

Name or other identifying information about the WPD employee against who the allegation is being made:

Click or tap here to enter text.

Witness Information, if any

Witness name: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Witness's address: Click or tap here to enter text.

Nature of Complaint:

Click or tap here to enter text.



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Complainant's Signature: _____

Explain what happened and what you think the resolution should be.

Click or tap here to enter text.

