

# COLUMBUS STATE

COMMUNITY COLLEGE

## COMMENDATION/COMMUNITY FEEDBACK FORM

Please fill out as much of this form as possible. Be as detailed as possible. We will need this information to ensure a successful investigation.

What are you reporting? <i>(Check only one)</i> <input type="checkbox"/> Commendation <input type="checkbox"/> Community Feedback		<i>(Administrative Use Only)</i>				
<b>Subject of Commendation/Community Feedback Information</b>						
Employee's Name and Badge # <i>(if known)</i>		Race	Sex	Height	Weight	Age
<b>Reporting Party's Information</b> <b>Remain Anonymous</b> <input type="checkbox"/>						
Name <i>(Last Name, First Name)</i>			Home Address		Phone Number	
City	State	Zip Code	Email Address:			
<b>Witness Information</b>						
Name <i>(Last Name, First Name)</i>			Home Address		Phone Number	
City	State	Zip Code	Email Address:			
Name <i>(Last Name, First Name)</i>			Home Address		Phone Number	
City	State	Zip Code	Email Address:			
<b>Incident Information</b>						
Date of Incident			Time of Incident			
Location of Incident						
<b>Incident Summary</b>						
<input type="checkbox"/> Summary Continued on Additional Page						
<b>Acknowledgement &amp; Endorsement</b>						
<b>Ohio Revised Code 2921.15 Making false allegation of peace officer misconduct.</b>						
<i>(A) As used in this section, "peace officer" has the same meaning as in section 2935.01 of the Revised Code.</i>						
<i>(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.</i>						
<i>(C) Whoever violates division (B) of this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree.</i>						
Effective Date: 03-22-2001						
Signature of Reporting Party: _____			Date: _____			
Name of Employee Accepting Form <i>(Last Name, First Name)</i>		Assignment	Time & Date			

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## Incident Summary Continuation

Summary Continued on Additional Page

Signature of Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_

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## Incident Summary Continuation

Signature of Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_