## **Division of Safety and Security Citizen's Complaint of Actions**

Date of Report://	I.A. C	ase No FOR INTERNAL USE ONLY
Date of Incident:/		FOR INTERNAL USE ONLT
PLEASE PRINT:		
Complainant's Name:	SS#: (R	dequired)
Address:	City/Sta	ate: Zip:
Home Phone #:	Work P	Phone #:
Student's Name:		Birth Date://
Location of Incident/School:		Student ID #:
Time: AM/PM Of	ficers Involved:	
Arrest(s) Made?	What C	Charges?
Did you sustain injuries that required medical at	ttention/treatment?	Hospital:
WITNESSES:		
Name:	Age:	
Address: City/State/Zip		Phone:
Student's ID# or Witness' SS#:		_
Name:	Age:	
Address: City/State/Zip		Phone:
Student's ID# or Witness' SS#:		_
Name:	Age:	
		Phone:
City/State/Zip Student's ID# or Witness' SS#:		

<sup>&</sup>quot;The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America"
"La meta primordial del Distrito Escolar Metropolitan de Cleveland es lograr ser un distrito escolar de primera clase en los Estados Unidos de America"
REVISED 9/27/07

ARRATIVE:
swear or affirm that the facts contained in this statement are true to the best of my knowledge and elief. I further state that I will appear and face the officers mentioned in a formal hearing.
Signature of Complainant
OTE: Please submit this form as soon as possible, after the incident, which gave rise to your

NOTE: Please submit this form as soon as possible, after the incident, which gave rise to your complaint.

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