Citizen Complaint Authority
On-line Complaint Form

Your Information

Race _____ Gender _____

Last Name _____ First Name _____ Middle (Initial or Name) _____

Address _____

City _____

State _____ Zip Code _____ e-Mail _____

Phone # _____ (xxx-xxx-xxx) Cell # _____ (xxx-xxx-xxx) DOB _____ yyyy-mm-dd

Incident Details

Date _____ yyyy-mm-dd Time _____ hh:mm:ss

Location _____

Officer(s): Name, Description, & Badge Number (If Available)

Description: Please describe the incident and the specific nature of your complaint. If you were injured please indicate by whom. If you sought medical attention, indicate the name of the attendant and the medical facility.

Witness(es): Please list any witnesses including contact information (name, phone #, & address)

Submit by Email

City of Cincinnati Citizen Complaint Authority Two Centennial Plaza 805 Central Ave. Suite 610 Cincinnati, Ohio 45202-1947

513-352-1600 / 513-352-3158 fax