

Beach City Police Dept.
302 N. Church, P.O. Box 251
Beach City, Ohio 44608

COMPLAINT DOCUMENT:

Date: _____

Name: _____ Address: _____ Phone: _____

Written details of complaint being reported: _____

Signature of person filing complaint: _____

BOTTOM PORTION FOR OFFICIAL USE ONLY:

Department: _____ Submitted To: _____

Please note: a response of the action taken regarding the above complaint is to be returned to me within three (3) days.

Response: _____

Date: _____ Mayors' signature: _____