

**BOARDMAN POLICE DEPARTMENT**  
**8299 Market Street, Boardman, Ohio, 44512**  
**Phone (330) 726-4144 Fax (330) 729-2040**

**PUBLIC SERVICE REPORT**

Commendation of Employee Service  
 Suggestion for Agency Consideration  
 Complaint of Agency Action  
 Complaint of Employee Performance

Reportee		Address	
E-mail Address	Residential Phone		Cell Phone/Pager
Nature/Type of Complaint			Work/Other Phone
Date of Occurrence	Time of Occurrence	Day of Week	
Location of Occurrence			Arrest/Citation involved? If so, whom?
Officer(s) Involved, Include Badge No. if known			Division
Witness Name & Address			Witness Phone No.
Witness Name & Address			Witness Phone No.

**Summary of Incident**

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**Incident Number (if known) :** \_\_\_\_\_

NOTICE: REPORTEE ATTESTS OR SWEARS THAT THE ABOVE INFORMATION IS THE TRUTH TO THE BEST OF THEIR KNOWLEDGE UNDER PENALTY OF LAW O.R.C. 2921.13, FALSIFICATION, IS A FIRST DEGREE MISDEMEANOR.

<b>Signature:</b>	<b>Date:</b>
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After completion please fax or mail this form to the attention of the Chief of Police.

