



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

**ALLEGATION OF OHIO STATE HIGHWAY  
PATROL EMPLOYEE MISCONDUCT**

The Ohio State Highway Patrol has established a long-standing tradition of prompt and professional service. We are committed to maintaining the public's trust and accountability through competent and thorough investigations. If our employees act outside the scope of Highway Patrol rules, regulations, policies, procedures, or state or federal civil and/or criminal law, and evidence of misconduct is determined, appropriate administrative or criminal processes will be implemented.

As stated in O.R.C. - 2921.15 **Making false allegation of peace officer misconduct**: 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. Whoever violates this section is guilty of making a false allegation of peace officer misconduct, a misdemeanor of the first degree.

The Ohio State Highway Patrol has a well defined procedure for investigating citizen complaints whether through identified or anonymous sources. However, complaints received anonymously are difficult to properly investigate. Without providing contact information, the ability to further clarify the complaint and investigate fully is compromised. The information requested below is necessary to ensure a prompt investigation. **However, this form is not required in order for your complaint to be processed.** Mail completed form to the address provided below or call 1-877-7-PATROL (in Ohio) to be connected to the nearest Ohio State Highway Patrol Post to begin the complaint process.

**Ohio State Highway Patrol  
Administrative Investigations Unit  
1970 West Broad Street  
P. O. Box 182074  
Columbus, Ohio 43218**

COMPLAINANT'S NAME (First, Last, MI)				
STREET ADDRESS		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER			EVENING TELEPHONE NUMBER	
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION		
ARREST, ACCIDENT OR CITATION NUMBER			OFFICER'S NAME (If known)	

BRIEF SUMMARY OF ALLEGATION(S) (required)

*If additional space is required, please write on the back of this form or attach an additional page.*

SIGNATURE OF COMPLAINANT <b>X</b>	DATE
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\*\*\*\*\* TO BE COMPLETED BY OSHP PERSONNEL \*\*\*\*\*

NAME OF EMPLOYEE WHO RECEIVED THE COMPLAINT				
UNIT #	DISTRICT #	POST #	DATE	TIME
LOCATION (Facility, other)			METHOD (In person, telephone, letter, other)	