

**CITIZEN  
COMPLIMENT  
INQUIRY  
COMPLAINT**

**MENTOR-ON-THE-LAKE  
POLICE DEPARTMENT**

**440-257-7234**

**5860 Andrews Road  
Mentor-on-the-Lake, OH 44060**

The Mentor-on-the-Lake Police Department is committed to the highest quality of service and protection to the community. This commitment is demonstrated in our words and deeds.

If you feel a call or complaint has not been handled thoroughly and professionally, or if you have any concerns about this Department, or an employee, you have a right to voice your concern without fear of reprisal.

Forms for registering your concerns are available 24 hours a day at the Dispatch window. The level of service you receive is important to us. Within 72 hours, I or a member of my staff will contact you in regard to the concerns you have stated. If you are not contacted within that time, please call me personally at 440-257-7234.

Sincerely,

Joseph S. Doran  
Chief of Police

**PLEASE PRINT AND COMPLETE THE FOLLOWING TWO  
PAGES, THEN FORWARD TO MENTOR-ON-THE-LAKE POLICE  
DEPARTMENT. THANK YOU.**

# CITIZEN COMPLIMENT INQUIRY COMPLAINT FORM

**Compliment**

Distribution: Forward the original to the Chief's Office including complimentary letter, if applicable.

**Inquiry #** \_\_\_\_\_

Distribution: Original to file (Chief's Office).  
Copy to Lieutenant for routing to involved employee's immediate supervisor.

**Complaint #** \_\_\_\_\_

Distribution: Original to Chief.  
Copy to involved employee(s).  
Copy to complainant.  
Copy for file.

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**Personnel Involved:** (List additional involved personnel in narrative)

Name(s) \_\_\_\_\_  
Name Badge # Assignment

Name(s) \_\_\_\_\_  
Name Badge # Assignment

Name(s) \_\_\_\_\_  
Name Badge # Assignment

**Person making compliment/inquiry/complaint:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Location:**

Place of Occurrence \_\_\_\_\_

Type of Premises \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ CFS No. \_\_\_\_\_

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**Received by:**

Name and Badge \_\_\_\_\_

Date/Time Received \_\_\_\_\_ How Received \_\_\_\_\_

Complaint Referred to \_\_\_\_\_ Assignment \_\_\_\_\_

Complaint Withdrawn

Resolved on Initial Contact-Inquiry

Cancelled for Cause

