

**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.

It is important to know that an employee charged with an act that could result in disciplinary actions such as suspension, demotion or termination, will have the right to offer testimony on his/her behalf. In addition the employee will have the opportunity to confront and question his or her accusers, as well as partake in the same legal remedies as any citizens.

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,

John P. Gielink
Chief of Police

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.

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. _____

Received by:

Name and Badge _____
Date/Time Received _____ How Received _____
Complaint Referred to _____ Assignment _____

Complaint Withdrawn Resolved on Initial Contact-Inquiry Cancelled for Cause

