## BRYAN POLICE DEPARTMENT INVESTIGATION FORM

|   |  |  |  | IA#  |                      |
|---|--|--|--|--|----------------------|
| Reporting Person:   |  |  |  | Phone:<br>Cell:  |                      |
|   |  |  | 7'   |  |                      |
| Address: City: State:   |  |  | Zip:   | DOB: Incident Date:  |                      |
| Incident Location:  |  |  |  | Time:  |                      |
| Nature of Complaint:  |  |  |  |  |                      |
| Witness:  | Address:   |  |  | Phone:   |                      |
| Witness:  | Address:   |  |  | Phone:   |                      |
|   | Details of Yo  | our Complai                                      | nt   |  |                      |
|   |  |  |  |  |                      |
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|   |  |  |  |  |                      |
|   |  |  |  |  |                      |
|   |  |  |  |  |                      |
| Warning: I have read the above account statement. I further understand and any false statements made Section 2921.13 entitled "Fals be guilty of a misdemeanor of | d that I am filing<br>by me may subj<br>ification", and th | escribed and<br>this official a<br>ect me to pro | attest that this statement with secution under | s is a true and acc<br>on the Bryan Polic<br>or the Ohio Revis | e Department ed Code |
|   |  |  |  |  |                      |
| Complainant Signature   |  |  | Date   |  | Time                 |
| Received by:  | ID#  |  | Date   |  | Time                 |
| Sworn to and subscribed in my presence  | bscribed in my presence this day of                        |  |  | , 20   |                      |
| State of Ohio<br>County of Williams   |  |  |  |  |                      |
|   |  |  |  | SEAL   |                      |
| Notary Signature  |  |  |  | SEAL   |                      |
| How Rec ( ) In Person ( ) Phone ( ) Mail  |  |  |  | Rev. 5/2022  |                      |