BRYAN POLICE DEPARTMENT
INVESTIGATION FORM

			IA#
Reporting Person:			Phone: Cell:
Address: City: State: Zip:			DOB:
Employer:		Work Hours:	Phone:
Incident Location:			Incident Date: Time:
Nature of Complaint:			
Witness:	Address:		Phone:
Witness:	Address:		Phone:

Details of Your Complaint

If Needed, Use Reverse Side or Attach Additional Pages

Warning: I have read the above account of the incident described and attest that this is a true and accurate statement. I further understand that I am filing this official statement with the Bryan Police Department and any false statements made by me may subject me to prosecution under the Ohio Revised Code Section 2921.13 entitled "Falsification", and that if I am convicted of a violation of this section, I would be guilty of a misdemeanor of the first degree.

Signature of person filing this complaint Date Time

Received by: ID# Date Time

How Rec ( ) In Person ( ) Phone ( ) Mail

Rev. 04/2022