



# BRUNSWICK HILLS POLICE DEPARTMENT

TIM SOPKOVICH  
Chief of Police

505 Substation Rd  
Brunswick Hills, Ohio 44212

Phone 330-273-3722  
Fax 330-273-2721

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## Personnel Complaints

The Brunswick Hills Police Department takes seriously all complaints regarding the service provided by the Department and the conduct of its members.

The Department will accept and address all complaints of misconduct in accordance with personnel complaints policy and applicable federal, state and local law, municipal and county rules and the requirements of any collective bargaining agreements.

It is also the policy of this department to ensure that the community can report misconduct without concern for reprisal or retaliation.

Personnel complaints include any allegation of misconduct or improper job performance that, if true, would constitute a violation of department policy or of federal, state or local law, policy or rule.

Personnel complaints may be generated internally or by the public on the Brunswick Hills Police Department General Statement and Information form and submitted to the following supervisors by email or in person.

Chief of Police Tim Sopkovich [tsopkovich@brunswickhillspolice.com](mailto:tsopkovich@brunswickhillspolice.com)

1<sup>st</sup> Shift Sgt. Jim Sanford [jsanford@brunswickhillspolice.com](mailto:jsanford@brunswickhillspolice.com)

2<sup>nd</sup> Shift Sgt. P. Piekut [ppiekut@brunswickhillspolice.com](mailto:ppiekut@brunswickhillspolice.com)

3<sup>rd</sup> Shift Sgt. Jermey Milford [jmilford@brunswickhillspolice.com](mailto:jmilford@brunswickhillspolice.com)

For any questions contact BHPD at 330-273-3722



# BRUNSWICK HILLS POLICE DEPARTMENT

## GENERAL STATEMENT & INFORMATION

Police Use Only

505 Substation Rd. Brunswick Hills, Ohio 44212  
Phone 330-273-3722

File Number \_\_\_\_\_

Type of Incident \_\_\_\_\_

Describe in detail, in your own words, an account of the events as you know them. Include the names and addresses of other persons involved including any witnesses. Use the back of the form to continue. **PLEASE PRINT.**

Date and time incident occurred: \_\_\_\_\_

Address or location where incident occurred: \_\_\_\_\_

Type of incident that occurred: \_\_\_\_\_

Name & address of person involved: \_\_\_\_\_

Narrative: \_\_\_\_\_

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Initial if this report is for information only and you do not wish the police to investigate this complaint any further. \_\_\_\_\_

*\*Knowingly making a false statement on this document is a violation of Ohio Revised Code 2921.13 (Falsification).*

Print Name		Signature		Date of Birth
Address				
Social Security Number		Phone Number		Date and Time Report Made
Police Officer's Signature	Date and Time Received	Approved By	Date and Time Approved	

