



BRUNSWICK HILLS POLICE DEPARTMENT

TIM SOPKOVICH
Chief of Police

505 Substation Rd
Brunswick Hills, Ohio 44212

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

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

1st Shift- Sgt. P. Piekut ppiekut@brunswickhillspolice.com

2nd Shift Sgt. Phil Bungo pbungo@brunswickhillspolice.com

3rd Shift Sgt. Jeremy Milford jmilford@brunswickhillspolice.com

For any questions contact BHPD at 330-273-3722



BRUNSWICK HILLS POLICE DEPARTMENT

GENERAL STATEMENT & INFORMATION

File Number _____

505 Substation Rd. Brunswick Hills, Ohio 44212

Type of Incident _____

Phone 330-273-3722

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 & Time Incident Occurred: _____

Address or Location Where Incident Occurred: _____

Type of Incident That Occurred: _____

Name & Address of Person Involved: _____

Narrative:

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 & Time Report Made
Police Officer's Signature	Date & Time Received	Approved	Date & Time Approved	