GCRTA Transit Police Department

PUBLIC COMPLAINT FORM

Completed forms can be emailed to TPcomplaints@gcrta.org, mailed to the GCRTA Transit Police Department at ATTN: Transit Police; 1240 West 6th Street, Cleveland, Ohio 44113, or arrangements can be made to deliver the form by calling 216-356-3838. Upon receipt of a completed complaint form, the complaint will be assigned for investigation. Completed investigations will be classified as follows:

- **Sustained**- There is sufficient evidence to establish that the alleged act occurred and constituted misconduct.
- **Sustained in Part**- There is sufficient evidence to establish that one or more, but not all, alleged acts occurred.
- **Sustained for Violation Not Based on the Original Complaint**- There is sufficient evidence to establish that an act of misconduct occurred that was not part of the violations alleged in the Complaint.
- **Unfounded**- The alleged acts did not occur, did not involve Department personnel, or are frivolous.
- **Exonerated**- The alleged acts occurred, but were justified, lawful, and/or proper.
- **Not-sustained**- The facts and circumstances fail to establish if the conduct occurred.
- **Administratively Dismissed**-The complaint is not GCRTA related, does not involve a Transit Police employee, or is related to a service delay that is determined to be unavoidable.

COMPLAINANT

Name [redacted]

Street Address [redacted] Apt. _____

City [redacted] State [redacted] Zip [redacted]

Mobile Phone N/A Home Phone N/A Alt. Phone N/A

Email Address N/A @ _____

SUBJECT(S) OF COMPLAINT Name(s), Badge Number(s), or Description(s) of accused personnel:

1. [redacted]

2. [redacted]

3. _____

WITNESSES (If necessary, give names/phone numbers of additional witnesses in incident detail below)

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

INCIDENT: Date 9/10/24 Time 0741-1000 hrs Ticket and/or Report Number 24-44202

Location Tower City and Lutheran Hospital

Please provide details of the incident and the alleged misconduct, describe any sustained injuries and other facts related to the incident. Do not include unsubstantiated information such as gossip or rumor. Attach additional pages as necessary, including other reports or documentation, photographs, medical records, etc.

**The following complaint was dictated to [redacted] by [redacted] on September 10, 2024.

Greetings All,

On today 10-Sept-24, at Tower City RTS, [redacted] was cited for Criminal Trespass and transported to Lutheran Hospital for a psychological evaluation. [redacted] returned to Tower City later in the shift and requested to speak to the sergeant who responded to his scene earlier. [redacted] contacted me and advised of [redacted] request. I responded to Tower City RTS and met with [redacted], who stated he wanted to file a formal complaint against [redacted] and [redacted] opted to provide his statement via my BWC. [redacted] complaint against [redacted] was that sleeping is not a crime, and he did not agree with being issued a citation. [redacted] complaint against [redacted] was that she advised medical staff that he was hallucinating. [redacted] stated after making this comment, [redacted] informed [redacted] that [redacted] was referring to his vison without his glasses. [redacted] stated that the medical staff was advised about the correction to [redacted] statement.
[redacted] became repetitive and argumentative during his interview and would not provide any contact information for follow-up to his complaint. After concluding my interview with [redacted] and I responded to a service call regarding a male disturbing on a train. [redacted] was observed following [redacted] during this scene and afterwards. I advised [redacted] and he responded to Tower City to speak with [redacted]

I hereby state under penalty of Perjury (Revised Code 2921.11) that I am the complainant in this complaint, that I have prepared, read, and fully understand all matters set forth in this complaint, that this may result in an official investigation, and the information provided is true and complete to my knowledge.

I understand that filing a false report of misconduct against a Peace Officer is in violation of section 2921.15 of the Ohio Revised Code, a misdemeanor of the first degree.

Refused (Taken Verbally)
Signature of Complainant

Date

Complaint received by:

[redacted]
Printed Name and Signature of Representative Accepting Complaint

Date

Time

DEPARTMENTAL USE ONLY

Investigating Supervisor _____

Investigative Actions: _____

Approved by _____ **Date** _____

Civilian Oversight Committee Recommendation:

_____ **Sustained** _____ **Sustained in Part** _____ **Sustained for Violation Not Based on Original Complaint**

_____ **Unfounded** _____ **Exonerated** _____ **Non-sustained** _____ **Administratively Dismissed**

Final Determination:

_____ **Sustained** _____ **Sustained in Part** _____ **Sustained for Violation Not Based on Original Complaint**

_____ **Unfounded** _____ **Exonerated** _____ **Non-sustained** _____ **Administratively Dismissed**