# 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 Cleveland State OH Zip 44114

Mobile Phone [redacted] Home Phone _____ Alt. Phone [redacted]

Email Addres [redacted] @ _____

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

1. [redacted]
2. _____
3. _____

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

1. Name [redacted] Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

**INCIDENT:** Date 02/26/26 Time 0700 Ticket and/or Report Number _____

Location MetroHealth Hospital (2500 MetroHealth Dr) Emergency Room

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.

On 02/26/2026 at approximately 0700 Hours. [redacted] and I were at MetroHealth Hospital ER with a handcuffed prisoner when [redacted], who was an off-duty RTA Patrolman, approached us in the hallway next the prisoner, who was her friend and out drinking with her at Tailgate Prior to the arrest. When I asked her and her two friends who had shown up to wait in the waiting room, [redacted] got upset and belligerent, ~~from~~ refusing to leave when asked. I then ordered her to leave or else she would be arrested, which prompted her to yell at me in the middle of the ER area we were occupying, calling me a [redacted] several times. After previously identifying herself as a Police ~~offer~~ officer earlier in the arrest of her friend, she stated that she would find out my identity, where I lived, and "handle" my [redacted] at a later time and date. She started walking away and then turned back and threatened me again, stating something to the effect that she was going to find me and "~~to~~ deal" with me after I got home. She might've said that she would come for me as well. This was not recorded on my BWC, as we aren't allowed to record in hospitals. A ~~m~~ MetroHealth officer cited her for DCI on his own due to her belligerent and drunken outburst.

**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.**

[redacted] 02/26/2026
Date

Complaint received by:

[redacted]

## 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**