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 44113

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

Email Address _____ @ _____

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

1. _____

2. _____

3. _____

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

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

INCIDENT: Date _____ Time _____ Ticket and/or Report Number _____

Location 2500 metrohealth Dr, cleveland, OH 44109

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 02/26/2024 I had contact with [redacted] at metro health main campus. [redacted] advised she was a off duty cop. But [redacted] would not advise which agency. She was at the hospital to check on her friend [redacted] was under arrest for public intoxication. [redacted] was being medically evaluated. [redacted] I asked [redacted] to wait in the waitroom till [redacted] was medically Cleared. [redacted] was being belligerent toward [redacted] I heard [redacted] tell [redacted] she will found out who he is and will found him to do something to [redacted] metro pp set in and cited [redacted] for disorderly conduct.

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] 02/26/26
Date

Complaint received by:

[redacted] 2/26/26 23:14.
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**