Our Commitment to Our Citizens

The Sandusky Fire Department is a public service organization dedicated to serving the citizens of Sandusky and preserving the integrity of our department and its employees. The integrity of our agency depends on the character and discipline of each employee. The complaint process is an integral part of maintaining that integrity and discipline and is a direct reflection of our continuing commitment to excellence. Should you need to make a complaint, be assured your concerns will be treated with respect and professionalism.

Purpose

The purpose of the Citizen Complaint Process is to protect the community, protect the department and to protect our employees. The purpose is to also identify citizen concerns and correct procedural problems if they occur.

Complaint Process

- All complaints will be forwarded to the Chief of Department or the Shift Commander (after normal business hours)
- The Supervisor of the affected employee will meet with the complainant and document, in writing, the nature of the complaint and attempt to resolve the concern. The citizen will complete the Citizen Complaint Form at this time.
- The Supervisor will then meet with the employee and document, in writing, the employee response to the complaint.
- The Supervisor will then forward all documentation to the Chief of Department for review and determination of classification.

Classification of Complaints

The Chief of Department or his/her designee following the review of all pertinent documentation will classify all complaints.

- \textit{Formal Investigation} – complaints of a serious breach of conduct or behavior that may result in criminal charges being filed. Personnel outside the fire department will investigate these complaints.
- \textit{Supervisory Review} – complaints of minor misconduct or behavior that will be investigated within the fire department.
Complaint Findings

**Sustained** - Allegations supported by sufficient evidence to justify conclusion that the action(s) occurred and were violations of department policy and procedures.

**Not Sustained** – Insufficient evidence available to prove or dispute allegations. The allegations(s) appeared to have merit, however, there was insufficient evidence to either prove or disprove.

**Exonerated** – Alleged action(s) occurred but were justified, lawful and proper. Employees acted in compliance with rules, regulations and/or policy and procedures.

**Unfounded** – Allegations(s) are false, did not occur or not supported by the facts. The allegation(s) were without merit and did not occur.

Documentation

The *Citizen Complaint Form* shall be completed and forwarded to the Chief of the Fire Department. The Fire Chief shall complete the *Citizen Complaint Brief* and forward to Human Resources when applicable. The Fire Chief shall keep documentation of all complaints regardless of determination of finding.

Determination of Findings

A determination of findings will be made and the complainant(s) and employee(s) shall be notified. Further actions, if warranted, shall be processed through the applicable laws, department policies and procedures. Complaints found to be “Unfounded or Purposefully False” shall be forwarded to the local law enforcement authority for review and further action. Complaints found to be “Sustained” shall be forwarded to the Human Resource Department for review. Employees may appeal the determination of findings in accordance to the current labor / management agreement. Complete documentation of all “Sustained” findings will be placed in the official employee work record after completion of the appeals process. In all other findings, only the “Citizen Complaint Brief” shall be placed in the employee record.
Number___________

Date Complaint Filed__________        Time Complaint Filed___________

Name of Complainant______________________________________________________

Address_________________________________________________________________

City__________________________   State____________   Zip Code____________

Home Phone__________________________Alternate Phone_____________________

Incident Information

Day_____________________  Date_____________  Time____________(  )am (  )pm

Location _______________________________________________________________

Witnesses To This Incident (if known)

Name ________________________Address_____________________Phone_________

Name ________________________Address_____________________Phone_________

Name ________________________Address_____________________Phone_________

Firefighters Involved in Incident (if known)

Name ________________________Address_____________________Phone_________

Name ________________________Address_____________________Phone_________

Name ________________________Address_____________________Phone_________

Description of what happened. (attach additional sheets if necessary)

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Signature______________________________________________Date__________

Please return to 600 W. Market Street, Sandusky, Ohio 44870. If you have questions, concerns or additional comments, please contact the Sandusky Fire Department at 419-627-5821.
Sandusky Fire Department
Citizen Complaint – Brief

Number_______________

Date Complaint Filed___________________ Time Complaint Filed_______________

Date of Incident _____________________ Time of Incident_____________________

Incident reported to: _______________________________ Rank ________________

Forwarded to Chief of Department or designee: ____________Date    ________Time

Fire Chief or designee’s signature:_______________________________Date________

Complaint Classification (initial)
  Formal Investigation  _____
  Supervisory Review  _____

Documentation (initial)
  Complaint Form Completed _____
  Complaint Interview  _____
  Employee Interview  _____
  Supervisor Comments  _____
  Fire Chief Comments  _____
  Investigator Comments  _____

Complaint Findings (initial)
  Sustained    _____
  Not Sustained    _____
  Exonerated    _____
  Unfounded    _____

Human Resources Review (initial)
  No further action required _____
  Review for further action _____

________________________________________      ____________
  Fire Chief              Date