



Sandusky Fire Department

Citizen Complaint Process

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.

- *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.
- *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 designees 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