

TIFFIN FIRE/RESCUE DIVISION

53 S. MONROE ST.
TIFFIN, OHIO 44883-2836
OFFICE: 419-448-5448 FAX: 419-448-5421
FIREDIVISION@TIFFINOHIO.GOV



CITIZEN COMPLAINT PROCESS

It is the policy of the Tiffin Fire/Rescue Division to accept and review all citizen complaints regarding Fire and EMS services, policy, procedure, or personnel. The citizen complaint process is available to anyone who believes our personnel may have conducted themselves or performed in a manner that is in violation of our rules, the law, and/or a citizen's rights. The fair, factual, and objective investigation of complaints is a priority.

How do I file a complaint?

If you believe a firefighter or employee of the fire department did something wrong, attempt to obtain their name or identification number, unit number, or other identifying details so we can determine who is involved. If witnesses were at the scene, get their names and contact information. Collect any evidence you believe is related to your complaint.

Complaints may be filed in person, via telephone, via mail, via e-mail, or may be filed anonymously. They may also be filed by contacting Fire Administration using any of the above provided methods.

Complaint forms are available at <https://www.tiffinohio.gov/departments/fire/fire-forms> and Fire Station #1 located at 53 S. Monroe St. Once the complaint form is completed, return it to us using one of the provided contact methods.

Who investigates complaints?

Citizen complaints are investigated by a captain or a chief officer. The investigator will conduct a detailed investigation of the incident and gather statements from you and witnesses. Your assistance is critical and additional information may be needed.

Once the investigation is complete, it will be reviewed by Deputy Fire Chief and the Fire Chief. Please be aware that a detailed investigation and review of the facts can take time. Investigations are typically completed within 30 days after filing the complaint. You may contact Fire Administration at 419-448-5448 to learn the status of your complaint.

TIFFIN FIRE/RESCUE DIVISION

53 S. MONROE ST.
TIFFIN, OHIO 44883-2836
OFFICE: 419-448-5448 FAX: 419-448-5421
FIREDIVISION@TIFFINOHIO.GOV

CITIZEN COMPLAINT FORM

Complainant Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Best Times to Contact: _____

Complete this section ONLY if you are filing on behalf of a minor or disabled person. Otherwise, please skip to next section.

Complainant Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Was this a: Fire incident _____ EMS incident _____
Did you require medical attention? Yes _____ No _____
Were police on scene? Yes _____ No _____

Date of incident: _____ Time of incident: _____
Location of incident: _____

Tiffin Fire Personnel Name: _____ ID#: _____
Description of Personnel: _____ Vehicle ID#: _____
Tiffin Fire Personnel Name: _____ ID#: _____
Description of Personnel: _____ Vehicle ID#: _____
Tiffin Fire Personnel Name: _____ ID#: _____
Description of Personnel: _____ Vehicle ID#: _____
Witness Name: _____ Address: _____ Phone: _____
Witness Name: _____ Address: _____ Phone: _____

DO NOT WRITE BELOW THIS LINE

Received by TFRD member: _____ Date filed: _____

Incident #: _____ Nature of complaint: _____

Description of Incident:

You acknowledge that your above statements are true, and correct, to the best of your knowledge.

Complainant Signature: _____ Date: _____

A parent/guardian must sign on behalf of a minor.