Citizen Complaint Process



Central Ohio Joint Fire District Mark McCann, Fire Chief 5138 Columbus Rd. Centerburg, OH 43011 740-625-5646 - Station

740-625-7620 - Fax

It is the policy of the Central Ohio Joint Fire District 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 citizen's rights. The fair, factual, and objective investigation of complaints is a priority.

How to File a Complaint

If you believe a Fire/Medic or employee of the fire department did something wrong, get the Fire/Medics' or employees' name 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 email, or may be filed anonymously. They may also be filed by contacting Fire Administration at:

Chief Mark McCann 5138 Columbus Road Centerburg, OH 43011 740-625-5646-Station 740-625-7620-Fax mmccann@cojfd.org

Complaint forms are available at the fire station located at 5138 Columbus Road, Centerburg, OH 43011. A complaint form may be dropped off at your house upon request or mailed to you if you desire. Once the complaint form is completed, return it to the fire station at 5138 Columbus Road, Centerburg, OH 43011 or email it to: mmccann@cojfd.org.

Who Investigates Complaints?

Citizen complaints are investigated by the Fire Chief. The investigator will conduct a detailed investigation of the incident and gather statements from you and witness. Your assistance is critical and additional information may be needed.

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 the Fire Chief at 740-625-5646 to learn the status of your complaint.



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Complainant Name:		Date of birth:		
Address:		City:	State:	Zip:
Phone:	Email:	Best time to contact:		
Complete this section next section.	n ONLY if you are fili	ing on behalf of a minor or dis	abled person. Otherwi	se, please skip to
Complainant Name:		Date of birth:		
Address:		City:	State:	Zip:
Phone:	Email:	Best time to contact:		
	$? \square$ EMS Run? \square Intdical attention? \square No	ernal? □ □ Yes Were police on scene? □	□ No □ Yes	
Date of incident:	Time o	of incident:		
Location of incident	t:(If this is an in	nternal complaint move to page two	description)	
				umber:
Description of Fire/	Medic:			
Fire/Medic's name:			Unit N	umber:
Description of Fire/	Medic:			
Fire/Medic's name:			Unit N	umber:
Description of Fire/	Medic:			
Fire/Medic's name:			Unit N	umber:
Description of Fire/	/Medic:			
Fire/Medic's name:			Unit N	umber:
Description of Fire	Medic:			

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Witness Name:	Address:	
Phone:		
Witness Name:	Address:	
Phone:		
By mail or delive	COMPLAINT WILL BE FORWARD ered in person: 5138 Columbus Road mail: mmccann@cojfd.org By Fax	d, Centerburg, OH 43011
Description of Incident:		
	,	
☐ You acknowledge that your about	ove statements are true, and correct,	to the best of your knowledge.
Complainant Signature:		Date:
DO NOT WRITE BELOW THIS	LINE	
Filed by COJFD Date:	Time:	Incident number:

Nature of complaint: