Deaths in Custody Reporting

Please provide your contact information:

Name: _____

Title: _____

Name of organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Phone: _____ **Fax:** _____

E-mail: _____

Please provide information on the Death in Custody (You may leave unknown questions blank)**:**

Name of deceased: _____

Time/date of death: _____

City/county where death occurred: _____

Law enforcement agency involved: _____

Include the title/date of any local newspaper articles: _____

_____

Please provide any additional information that may be helpful for reporting purposes: _____

_____

_____

Mail or fax this completed form to:

Ohio Office of Criminal Justice Services
1970 W. Broad St.
Columbus, OH 43223
Fax: (614) 466-5061
Attn: Sarah Boyer