

**Complaint Form Reference Department Personnel / Outside or Internal Complaint**  
Return this form to the Police Department once it is completed. It can be dropped off 24/7 on any day.



COMPLAINT # \_\_\_\_\_

# VAN BUREN TWP POLICE DEPARTMENT

46425 Tyler Van Buren Twp. MI 48111

This department adheres to the policy of investigating all allegations (regardless of source) of misconduct or complaints regarding the policies or procedures of the department. The goal of the department is to ensure that objectivity, fairness and justice is assured by intensive impartial investigation and review.

During the course of an investigation, the Chief/Deputy Director or his/her designee shall notify you concerning the status of the complaint. The Chief/Deputy Director or designee will notify you of the findings of the investigation conducted by the department.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Daytime Phone:(\_\_\_\_) \_\_\_\_\_ Evening Phone:(\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_\_ AM / PM

Location of Incident: \_\_\_\_\_

**Reason for the Complaint:** Anonymous complaints will be accepted. FAILURE TO PROVIDE CONTACT INFORMATION MAY HAMPER AN INVESTIGATION and subsequent notification of individuals involved.

You can use this form or create one with substantially the same information. You can provide a verbal account to a command officer, who will then write it down.  
Once the complaint is documented provide a copy to the person making the complaint.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR INTERNAL USE ONLY: To be completed by the Supervisor or Officer Receiving the Complaint</b>		
Name: _____	Rank: _____	ID#: _____
Incident Report /Citation # : _____	Date & Time Received: ____/____/____	__:__ am/pm
Assigned To : _____		
Notification Made To Complainant By: _____	Date: ____/____/____	Time: __:__ am/pm
Notification Of Completion By: _____	Date: ____/____/____	Time: __:__ am/pm
Approved By: _____	Date: ____/____/____	Time: __:__ am/pm

This form can be submitted to any Officer of the Van Buren Twp. Police Department. The investigation of alleged wrong doing will be conducted by the Officer In Charge of the platoon, bureau, or division the employee is assigned to. Or a command officer designated by the Director or Chief/Deputy Chief.

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Incident # \_\_\_\_\_

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