



TRAVERSE CITY POLICE DEPARTMENT

851 Woodmere Avenue, Traverse City, MI 49686

231.995.5150

traversecitypolicedepartment@traversecitymi.gov

DEPARTMENT USE ONLY

Tracking # _____

Incident # _____

Citation # _____

PERSONNEL COMPLAINT FORM

Section 1 - Full Name of Complainant *(Please Print)*

LAST FIRST MIDDLE

HOME ADDRESS: APT # CITY STATE ZIP

HOME PHONE CELL PHONE WORK PHONE

E-MAIL _____

WHAT IS THE NATURE OF THE COMPLAINT YOU ARE FILING?

- SERVICE COMPLAINT - *DISSATISFACTION WITH POLICE SERVICE* RUDENESS / DISCOURTESY EXCESSIVE FORCE INAPPROPRIATE CONDUCT DRIVING
 OTHER *(Please explain)*

Section 2 – Please read the following two statements carefully.

You have the right to make a complaint against a member of the Traverse City Police Department for any improper conduct. The Traverse City Police Department diligently investigates complaints of misconduct filed against its members. At the conclusion of the investigation you will receive notice of the disposition of your complaint. Citizen complaints and any reports or findings relating to complaints will be retained by this agency according to our retention policy.

Because the professionalism and reputation of its members are of high concern, the Traverse City Police Department maintains a policy of criminally prosecuting any individual who knowingly files a false statement of misconduct against a department member, or who makes untruthful statements during the filing of the complaint and during the complaint investigation process. Individuals making knowingly false allegations may also be subject to civil litigation filed by the department member who the complaint was filed against.

I have read and understand the above statements. I declare that the allegations contained in this complaint are true and correct.

COMPLAINANT SIGNATURE DATE / TIME

***** PERSONNEL COMPLAINT FORM CONTINUED ON PAGE 2 *****

DEPARTMENTAL USE ONLY

Complaint Received Via: PHONE – READ STATEMENTS IN SECTION 2 ABOVE TO THE COMPLAINANT AND INDICATE "VERBAL" ON SIGNATURE LINE ABOVE, INCLUDE DATE/TIME. WALK-IN MAIL OTHER
 E-MAIL FAX

PRINTED NAME OF PERSON RECEIVING COMPLAINT BADGE # DATE / TIME

Type of Complaint: EXTERNAL / CITIZEN INTERNAL / PERSONNEL OTHER

SUPERVISOR RECEIVING COMPLAINT DATE / TIME PERSON ASSIGNED TO INVESTIGATE DATE / TIME

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Section 3 - Departmental employees who are the subject of your complaint

EMPLOYEE NAME	RANK/TITLE	BADGE #	POLICE VEHICLE #
EMPLOYEE NAME	RANK/TITLE	BADGE #	POLICE VEHICLE #
EMPLOYEE NAME	RANK/TITLE	BADGE #	POLICE VEHICLE #

Section 4 - Describe the details of your complaint *(Back of sheet may be used for additional space if needed.)*

INCIDENT INFORMATION

LOCATION OF THE INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT
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PHYSICAL EVIDENCE *(Please list any items available which may assist in this investigation.)*

INJURIES *(Describe any injuries sustained as well as medical treatment sought.)*

WITNESSES

WITNESS NAME	ADDRESS	PHONE #
WITNESS NAME	ADDRESS	PHONE #
WITNESS NAME	ADDRESS	PHONE #

CHECK THIS BOX TO INDICATE THAT DOCUMENTS ARE ATTACHED.

DEPARTMENTAL USE ONLY (to be completed by the Division Commander)

COMPLAINT DISPOSITION:

UNFOUNDED NOT SUSTAINED EXONERATED SUSTAINED

COMPLAINT CLASSIFICATION:

FORMAL INFORMAL INCOMPLETE

DIVISION COMMANDER SIGNATURE

DATE / TIME