

LITTLE RIVER BAND OF OTTAWA INDIANS DEPARTMENT OF PUBLIC SAFETY

CITIZEN COMPLAINT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ A.M. _____ P.M.

LOCATION OF INCIDENT: _____

OFFICER'S NAME, CALL NUMBER, OR CAR NUMBER (if known)

COMPLAINANT'S INFORMATION

NAME: _____

(Last, First, Middle)

SEX: _____ DOB: _____

HOME ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

WITNESS' NAME: _____ PHONE: _____

WITNESS' ADDRESS: _____ ZIP: _____

CELLULAR NUMBER: _____

DETAILS: (use additional sheets if needed) _____

Signature of Complainant

Date

Person Assisting

Date

(It is a violation of law to file a false complaint against a police officer)

FOR DEPARTMENT USE ONLY

OTHER OFFICERS INVOLVED:

OFFICER: _____ CALL NUMBER: _____ WORKING HRS: _____

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COMPLAINANT INTOXICATED? YES NO INDICATIONS OF IMPAIRMENT (slurred speech, bloodshot eyes, etc.): _____

COMPLAINANT/SUBJECT'S PHYSICAL CONDITION:

NO INJURY NOTED OBVIOUS INJURY NOTED

EXPLAIN IN DETAIL LOCATION/TYPE OF INJURY: _____

DOES COMPLAINANT/SUBJECT EXHIBIT ANY UNUSUAL BEHAVIOR? YES NO

IF YES, EXPLAIN: _____

PHOTOGRAPHS ATTACHED? YES NO

TAPED STATEMENTS ATTACHED? YES NO

WORK SHEETS ATTACHED? YES NO

MEDICAL RELEASE ATTACHED? YES NO

MDT ATTACHED? YES NO

CAD NUMBER: _____ OFFICER'S CAR NUMBER: _____

(Attach a copy of any division report made relating to this complaint)

REMARKS: _____

RECEIVED AT (location): _____

DATE: _____ TIME: _____ BY (Officer): _____

BADGE NUMBER: _____

FOR CHIEF'S OFFICE USE ONLY

ASSIGNED FOR INVESTIGATION TO: _____

BY: _____ DATE: _____