



Marine City Police Department Complaint Form

The Marine City Police Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the department's policies or procedures. The department's goal is to ensure that objectivity, fairness, and justice are assured through intensive, impartial investigation and review.

Unless the complaint and allegation are of such magnitude that it requires additional time, all complaints will be resolved in a prompt and timely fashion as soon as practicable upon receipt of the initial complaint. During the course of an investigation, the Department may notify you concerning the status of the complaint. You will be notified of the findings of the investigation conducted by the Department.

Your Name _____

Your Address _____

Your Phone Number: _____ Your Email: _____

Date and Time of the Incident _____

Location of the Incident _____

Today's Date _____ Time Now _____

Reason for the Complaint: Please use the reverse side of the form and attach additional sheets as necessary.

Everything that I have stated orally and also in this official police report/complaint is true and accurate.

Your Signature

Your Printed Name

Witness Signature

Printed Name of Witness

(Official Use Only)

Supervisor or Officer Receiving the Complaint

Name and Badge # _____

Related to CFS # _____

Date Report Received _____

Time Received _____

Assigned to _____

Reason for Complaint: