

Texas Township Campus
 6767 West O Avenue
 Kalamazoo, MI 49003-4070

Phone: (269) 488-4575
 Fax: (269) 488-4099



Department of Public Safety Complaint Against Employee Report

Reporting Person's Last Name	First Name	Middle Name	Race	Sex	Age
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Home Address-Include Apt, Suite or Floor (City, State and Zip)

Home Phone Number	Place of Employment	Employment Address	Employment Phone Number
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Email Address	Cell Phone Number or Pager Number
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Location or Address of Occurrence	Day	Time of Day or Night	Date of Occurrence
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Personnel Involved in the Occurrence—Name	Rank	Division
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Witness Information

Witness-Full Name and Address	Relationship to Reporting Person	Witness-Phone Number
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Witness-Full Name and Address	Relationship to Reporting Person	Witness-Phone Number
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Describe the Experience/Reason for this Complaint-as a Narrative (Continue on next page if necessary)

Signature:

Date:

Investigation:

Form Received by Name and Rank

Form Received-Date and Time

How Complaint was Received-In person, by letter, by email

Complaint Type: Conduct & Courtesy Improper Driving Law Violation Excessive Force False Arrest
 Other

Disposition-Check one: Unfounded Exonerated Not Sustained Sustained Misconduct Not Based On Complaint

Investigation Narrative:

Action Taken:

Command Authorization by Name and Rank

Narrative Continued (if necessary)

Signature: _____ Date: _____