PUBLIC COMPLAINT AGAINST EMPLOYEE

This form is for use by members of the public who wish to make a complaint concerning an employee of the Michigan State Police. This form should be filled out as completely as possible and submitted to the Professional Standards Section. An investigator will contact you after the form has been received by the Professional Standards Section. An investigation will be conducted if appropriate.

Questions should be directed to the Professional Standards Section during business hours at 517-284-3278. Submit the completed form using one of the methods below.

U.S. Mail:
Michigan State Police
Professional Standards Section
P.O. Box 30634
Lansing, MI 48909-0634

FAX: 517-284-3241
Email: MSPIA@michigan.gov

I. About You

Title ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other:	Name (First, Middle Initial, Last)		
Street Address	City	State	ZIP Code
Home Phone	Work Phone	Cell Phone	E-Mail
Preferred Method of Contact ☐ Home Phone ☐ Cell Phone ☐ Work Phone Preferred Hours:			
Have you reported this incident to anyone else within the Michigan State Police? ☐ Yes ☐ No If yes, to whom and on what date:			

II. About Known Witnesses

List any individuals who witnessed or were involved in the incident. If you need additional space, continue in Section V

Name 1	Address and Phone Number 1
Name 2	Address and Phone Number 2
Name 3	Address and Phone Number 3

III. About Our Employees

List the Michigan State Police employees involved in your complaint. Please include rank and full name, if known. If you need additional space, continue in Section V.

Employee 1	Post or Work Location 1
Employee 2	Post or Work Location 2
Employee 3	Post or Work Location 3

IV. About the Incident

Be as specific as possible and provide all requested information.

Date	Time	Location	
Related Police Report Number ☐ N/A or Unknown		Michigan State Police License Plate Number ☐ N/A or Unknown	

V. Description of Incident

To help us accurately identify the incident, please provide a detailed description. Use this section to include the names of any additional individuals with knowledge of the incident who have not yet been listed. Attach additional sheets if necessary.

☐ **Check here if additional sheets are attached.**