PUBLIC COMPLAINT AGAINST EMPLOYEE

AUTHORITY: 1935 PA 59, as amended; COMPLIANCE: Voluntary

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: <u>MSPIA@michigan.gov</u>

I. About You

Title		Name (First,	Name (First, Middle Initial, Last)				
Ms. Mrs.	Mr. Other:						
Street Address		City			State	ZIP Code	
Home Phone	Work Phone	Cell Phone	E-Mail				
Preferred Method of Contact							
Home Phone Cell Phone		V	Work Phone Preferred H		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

Tell us about others who may have witnessed or taken part in the incident. If extra space is needed, list the additional witnesses or information in Section V.

Name	Address and Phone Number
Name	Address and Phone Number
Name	Address and Phone Number

III. About Our Employees

List all Michigan State Police employees you are complaining about, and include rank and full name if known. If extra space is needed, list the additional employees or information in Section V.

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

IV. About the Incident

Be as specific as possible and provide all requested information.

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

V. Description of Incident

To assist us with accurately identifying the incident, describe the incident in as much detail as possible. Use this area to list any additional individuals having knowledge of the incident who were not already disclosed. Attach additional sheets as necessary.

Check here if additional sheets are attached.