



# TRAVERSE CITY POLICE DEPARTMENT

851 Woodmere Avenue, Traverse City, MI 49686

231.995.5150

[traverscitypolicedepartment@traverscitymi.gov](mailto:traverscitypolicedepartment@traverscitymi.gov)

**DEPARTMENT USE ONLY**

Tracking # \_\_\_\_\_

Incident # \_\_\_\_\_

Citation # \_\_\_\_\_

## PERSONNEL COMPLAINT FORM

### Section 1 - Full Name of Complainant *(Please Print)*

\_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
HOME ADDRESS: APT # CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE

E-MAIL \_\_\_\_\_

#### WHAT IS THE NATURE OF THE COMPLAINT YOU ARE FILING?

- SERVICE COMPLAINT - *DISSATISFACTION WITH POLICE SERVICE*     RUDENESS / DISCOURTESY     EXCESSIVE FORCE     INAPPROPRIATE CONDUCT     DRIVING  
 OTHER *(Please explain)*

### Section 2 – Please read the following two statements carefully.

You have the right to make a complaint against a member of the Traverse City Police Department for any improper conduct. The Traverse City Police Department diligently investigates complaints of misconduct filed against its members. At the conclusion of the investigation you will receive notice of the disposition of your complaint. Citizen complaints and any reports or findings relating to complaints will be retained by this agency according to our retention policy.

Because the professionalism and reputation of its members are of high concern, the Traverse City Police Department maintains a policy of criminally prosecuting any individual who knowingly files a false statement of misconduct against a department member, or who makes untruthful statements during the filing of the complaint and during the complaint investigation process. Individuals making knowingly false allegations may also be subject to civil litigation filed by the department member who the complaint was filed against.

**I have read and understand the above statements. I declare that the allegations contained in this complaint are true and correct.**

\_\_\_\_\_  
COMPLAINANT SIGNATURE DATE / TIME

**\*\*\* PERSONNEL COMPLAINT FORM CONTINUED ON PAGE 2 \*\*\***

### DEPARTMENTAL USE ONLY

**Complaint Received Via:**     PHONE – READ STATEMENTS IN SECTION 2 ABOVE TO THE COMPLAINANT AND INDICATE "VERBAL" ON SIGNATURE LINE ABOVE, INCLUDE DATE/TIME.     WALK-IN     MAIL     OTHER  
 E-MAIL     FAX

\_\_\_\_\_  
PRINTED NAME OF PERSON RECEIVING COMPLAINT    BADGE #    DATE / TIME

**Type of Complaint:**     EXTERNAL / CITIZEN     INTERNAL / PERSONNEL     OTHER

\_\_\_\_\_  
SUPERVISOR RECEIVING COMPLAINT    DATE / TIME    PERSON ASSIGNED TO INVESTIGATE    DATE / TIME

# TRAVERSE CITY POLICE DEPARTMENT

## PERSONNEL COMPLAINT FORM

Tracking # \_\_\_\_\_

### **Section 3 - Departmental employees who are the subject of your complaint**

EMPLOYEE NAME	RANK/TITLE	BADGE #	POLICE VEHICLE #
EMPLOYEE NAME	RANK/TITLE	BADGE #	POLICE VEHICLE #
EMPLOYEE NAME	RANK/TITLE	BADGE #	POLICE VEHICLE #

### **Section 4 - Describe the details of your complaint** *(Back of sheet may be used for additional space if needed.)*

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### **INCIDENT INFORMATION**

LOCATION OF THE INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT
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### **PHYSICAL EVIDENCE** *(Please list any items available which may assist in this investigation.)*

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### **INJURIES** *(Describe any injuries sustained as well as medical treatment sought.)*

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### **WITNESSES**

WITNESS NAME	ADDRESS	PHONE #
WITNESS NAME	ADDRESS	PHONE #
WITNESS NAME	ADDRESS	PHONE #

CHECK THIS BOX TO INDICATE THAT DOCUMENTS ARE ATTACHED.

### **DEPARTMENTAL USE ONLY**

#### COMPLAINT DISPOSITION:

UNFOUNDED    NOT SUSTAINED    EXONERATED    SUSTAINED

#### COMPLAINT CLASSIFICATION:

FORMAL    INFORMAL    INCOMPLETE