

**MT. PLEASANT POLICE DEPARTMENT  
CITIZEN COMPLAINT FORM**

The Mt. Pleasant Police Department strives to fulfill its Mission through upholding all laws in an ethical, courteous, impartial and professional manner, while respecting the rights and dignity of all persons. Following this philosophy, the department diligently investigates complaints of misconduct that are filed against members of the department.

**SECTION 1: To be completed by citizen making complaint**                      **Date of Complaint** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date/Time of Occurrence** \_\_\_\_\_

**Location of Occurrence** \_\_\_\_\_

**Name(s) of officers involved (if known)** \_\_\_\_\_

**Names of Witnesses (if known)** \_\_\_\_\_

name	address	phone
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name	address	phone
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name	address	phone
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**Details of Incident:** Please relate your complaint, including names, times, locations, witnesses and any other factual information which is important.

**GENERAL SUMMARY** (Use back of sheet for additional space)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EVIDENCE:** Please list any items available which may assist in this investigation

\_\_\_\_\_

\_\_\_\_\_

**INJURIES:** Please describe any injuries sustained, as well as medical treatment sought.

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\_\_\_\_\_

**Signature of Complainant** \_\_\_\_\_

This form can be turned in at Mt. Pleasant City Manager's Office, 401 N. Main Street, Mt. Pleasant, Michigan, or Director of Public Safety's Office, 804 E. High Street, Mt. Pleasant, Michigan. Citizens who are not satisfied with final disposition of complaint may appeal to the City Manager.