

PCR# _____



150 E. Crosstown Pkwy, Suite A
Kalamazoo, MI 49001

Phone: (269) 337-8123
Fax: (269) 337-8245

Commendation or Complaint Report

Commendation Complaint

Citizen's Last Name First Name Middle Name Race Sex Age

Citizen's Home Address-Include Apt, Suite or Floor (City, State and Zip)

Citizen's Home Phone Number Place of Employment Citizen's Work Address Citizen's Work Phone Number

Citizen's Email Address Citizen's Cell Phone Number or Pager Number

Location or Address of Occurrence Day Time of Day or Night Date of Occurrence

Personnel Involved in the Occurrence—Name, Rank, Division and Assignment Officer's Shift Zone of Occurrence

Witness Information

Witness-Full Name and Address Relationship to Citizen Filing the Form Witness-Phone Number

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Describe the Experience-the Reason for this Commendation or Complaint-as a Narrative
Type Description of Incident Here

KDPS EMPLOYEE COMPLETES THE FOLLOWING SECTION		
From Received by-Name and Rank	Form Received-Location	Form Received-Date and Time
How Commendation or Complaint was Received-In person, by letter		
Formal Allegation		
Formal Allegation		
Formal Allegation		
DIRECTOR OF THE OFFICE OF PROFESSIONAL STANDARDS COMPLETES THE FOLLOWING SECTION		

