



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

Phone: (269) 337-8270
Fax: (269) 337-8141

Complaint Report

Last Name	First Name	Middle Name	Race	Sex	Date of Birth
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Home Address-Include Apt, Suite or Floor (City, State and Zip)

Home Phone Number	Cell Phone Number
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Email Address	Work Phone Number
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Location or Address of Occurrence	Day	Time of Day or Night	Date of Occurrence
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Officer(s) Involved in the Occurrence—Name, Rank, Division and Assignment	Officer's Shift
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Witness Information

Witness(es) Full Name & Address	Witness – Relationship to Citizen Filing the Form	Witness-Phone Number
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Details of the Incident: Provide a full description of the circumstances that prompted your complaint/commendation. Attach additional pages, if necessary.

KDPS EMPLOYEE COMPLETES THE FOLLOWING SECTION	
From Received by-Name and Rank	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	
Disposition-Check one: <input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/> Not Sustained <input type="checkbox"/> Sustained <input type="checkbox"/> Misconduct Not Based On Complaint	
Action Taken	
Signature & Date	

Unfounded Exonerated Not Sustained Sustained Misconduct Not Based On Complaint