



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

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

### Commendation or Complaint Report

Commendation       Complaint

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

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Citizen's Home Phone Number	Citizen's Cell Phone Number
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Citizen's Email Address	Citizen's 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

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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.)**

