DETROIT PUBLIC SCHOOL COMMUNITY DISTRICT POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Complaint #: _______________________

This form should be used to register a complaint against any employee of the Detroit Public Schools Community District Police Department whose conduct, behavior, or actions is considered improper, unnecessary, inappropriate or unlawful.

Please PRINT all information clearly and legibly on the spaces provided so the Department’s investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Officer-In-Charge. You will receive notification at a later time about your complaint and the status of the investigation.

COMPLAINT INFORMATION:

____________________________________  ____________________________
Your Name                                      Today’s Date

____________________________________
Street Address                                 City        State        Zip

____________________________________
Telephone (Home)                              Cell Number(s)

____________________________________
Telephone (Work)                              Cell Number(s)


Date/Time of Incident

____________________________________
Location of Incident

SPECIFIC TYPE OF ALLEGATION(S):
(Describe the incident in detail in the Complaint Summary Section)

[ ] Unreasonable use of Force; [ ] False detention or arrest; [ ] Demeanor; [ ] Improper Entry; [ ] Harassment; [ ] Property damage or loss; [ ] Improper Search of Person or Property; [ ] Service

Other (describe): __________________________________________

____________________________________
This complaint is about an incident/case number (if known) __________________________

and/or traffic citation number (if known) __________________________

Employee(s) involved (if known) ____________________________________________

Witness(s) to the incident (if any): Please list all cell phone numbers also.

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COMPLAINT SUMMARY

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Please be detailed and use additional paper if needed.

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________________________________________________________________________
To the best of my knowledge, the above allegations are true and were made by me in good faith.

Signature of Complainant: ___________________________ Date/time: __________

Witness to Signature: ______________________________ Date/time: __________

Officer/employee receiving this complaint: ____________________________

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Investigator assigned: ________________________________

Assigned by: Chief of Police; or Designee: ________________________________

Date/time: ________________________________ of assignment.