KENTWOOD POLICE DEPARTMENT
CITIZEN / OUTSIDE AGENCY COMPLAINT FORM

The Kentwood Police Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the Department. The goal of the Department is to ensure that objectivity, fairness, and justice is assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as practicable. During the course of an investigation, the Chief of Police, or his designee, shall notify you concerning the status of the complaint. The Chief will notify you of the findings of the investigation conducted by the Department.

Your Name (Print): _____

Your Address: _____

Daytime Phone: (_____)_____ Evening Phone: (____)_____

Date of Incident: ____/____/____ Time of Incident: AM or PM?

Location of the Incident: _____

Reason for the Complaint:

Your Signature: _____

Today's Date: _____/_____/_____

For Internal Use Only: To be completed by the Supervisor or Officer receiving the complaint

Name: _____ Rank: _____ I.D.#: _____

Related Incident Report Number: _____ Date Report Received: _____/_____/_____

Time Received: _____ Routed to: _____

Administrative Control #: Assigned to: