# PUBLIC COMPLAINT AGAINST EMPLOYEE

**AUTHORITY:** 1935 PA 59, as amended; **COMPLIANCE:** Voluntary

This form is for use by members of the public who wish to make a complaint concerning an employee of the Michigan State Police. This form should be filled out as completely as possible and submitted to the Professional Standards Section. An investigator will contact you after the form has been received by the Professional Standards Section. An investigation will be conducted if appropriate.

Questions should be directed to the Professional Standards Section during business hours at 517-284-3278. Submit the completed form using one of the methods below.

**U.S. Mail:**
Michigan State Police
Professional Standards Section
P.O. Box 30634
Lansing, MI 48909-0634

**FAX:** 517-284-3241
**Email:** MSPIA@michigan.gov

## I. About You

| Title<br>☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other: | Name (First, Middle Initial, Last) | | |
|---|---|---|---|
| Street Address | City | State | ZIP Code |
| Home Phone<br>( ) | Work Phone<br>( ) | Cell Phone<br>( ) | E-Mail |
| Preferred Method of Contact<br>☐ Home Phone ☐ Cell Phone ☐ Work Phone Preferred Hours: | | | |
| Have you reported this incident to anyone else within the Michigan State Police?<br>☐ Yes ☐ No If yes, to whom and on what date: | | | |

## II. About Known Witnesses

Tell us about others who may have witnessed or taken part in the incident. If extra space is needed, list the additional witnesses or information in Section V.

| Name | Address and Phone Number |
|---|---|
| Name | Address and Phone Number |
| Name | Address and Phone Number |

## III. About Our Employees

List all Michigan State Police employees you are complaining about, and include rank and full name if known. If extra space is needed, list the additional employees or information in Section V.

| Employee 1 | Post or Work Location |
|---|---|
| Employee 2 | Post or Work Location |
| Employee 3 | Post or Work Location |

## IV. About the Incident

Be as specific as possible and provide all requested information.

| Date | Time | Location |
|---|---|---|
| Related Police Report Number<br>☐ N/A or Unknown | | Michigan State Police License Plate Number<br>☐ N/A or Unknown |

## V. Description of Incident

To assist us with accurately identifying the incident, describe the incident in as much detail as possible. Use this area to list any additional individuals having knowledge of the incident who were not already disclosed. Attach additional sheets as necessary.

☐ **Check here if additional sheets are attached.**