

101 East Lake Street, Petoskey, Michigan 49770 • 231 347-2500 • Fax 231 348-0350

## CITIZEN COMPLAINT FORM DEPARTMENT OF PUBLIC SAFETY

Please Note: A person who intentionally makes a false report of the commission of a crime, or intentionally causes a false report of the commission of a crime to be made, to a peace officer, police agency of this state or to a local unit of government, knowing the report is false, is guilty of a crime, per MCLA 750.411a.

Name:					
Street Address:					
City, State, Zip Code:					
Telephone Home:	Work:		Cell:		
Date of Incident:					
Time of Incident:					
Name(s) of employee complaint is	s being made against	(if known):			
Please describe the incident, in necessary). Please sign and date	dicating the specific on page 2.	nature of your	complaint (use	additional	sheets if

WITNESSES	
Signature	Phone
Cimpatura	Dhana
Signature	Phone
Signature	Date