

South Lyon Police Department**Citizen Complaint Form**

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

Unless the complaint or allegation is of such magnitude that it requires additional time, all complaints will be resolved in a prompt fashion as soon as practicable upon receipt of the complaint. During the course of an investigation, the Department may update you concerning the status of the complaint. You will be notified of the findings of the investigation conducted by the department.

Your Name _____

Your Address _____

Your Phone Number: Daytime: () _____ Evening: () _____

Date and Time of the Incident _____

Location of the Incident _____

Today's Date _____ Time Now _____

Reason for the Complaint: Please complete on separate sheet(s) of paper (provided by SLPD)

Everything that I have stated orally and in this official police report / complaint is true and accurate.

Your Signature_____
Your Printed Name_____
Witness Signature_____
Printed Name of Witness**Supervisor or Officer Receiving the Complaint**

Name and Badge # _____ Related to Case # _____

Date Report Received _____ Time Received _____

Disposition: _____

