

CITIZEN COMPLAINT FORM

INCIDENT# _____

You are filing a complaint against the Isabella County Office of the Sheriff or an employee of the department. In doing so you are making an official police report. You are required by Michigan law MCLA 750.411(a) to complete this report truthfully. Making a false police report is a criminal offense and will be prosecuted by this department if this report is determined to be false.

COMPLAINANT NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	DATE OF BIRTH:
WITNESS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	DATE OF BIRTH:
WITNESS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	DATE OF BIRTH:
DATE OF INCIDENT:	TIME OF INCIDENT:	DATE REPORTED:
LOCATION OF INCIDENT:		
EMPLOYEE INVOLVED:		

DESCRIPTION OF INCIDENT:

CITIZEN COMPLAINT FORM

INCIDENT#_____

COMPLAINANT DIGITAL
SIGNATURE

DATE:

RECEIVED BY:

DATE RECEIVED:

TOT:

DATE RECEIVED: