

INTERNAL AFFAIRS UNIT
Formal Complaint

Grand Rapids Police Department
1 Monroe Center NW / Grand Rapids, MI 49503
(616) 456-3480



Today's Date: _____

COMPLAINANT INFORMATION

(Items marked with an * are optional)

Last Name: _____

First Name: _____ Middle Name: _____

Race*: _____ Sex*: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: (____) _____

E-Mail Address: _____

Preferred Method of Contact for Follow-up (If in person or by telephone, please indicate the best time)

Home Address Home Telephone Business Address Business Telephone E-Mail

Best Time

Best Time

Best Time

Best Time

INCIDENT INFORMATION

Date: _____ Time: _____ AM/PM Location: _____

First Employee's Name: _____ Badge Number: _____

Second Employee's Name: _____ Badge Number: _____

Third Employee's Name: _____ Badge Number: _____

(If names and badge numbers are unknown, please provide other information that can assist in identifying the employee)

Incident Report Number(s): _____ Citation Number(s): _____

If your contact was by telephone, what number did you call?

911 456-3400 Other: _____

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NARRATIVE INFORMATION

Please provide as much detail as possible regarding your complaint. Include the names and information for any witnesses to this incident. Attach any additional pages needed to complete your statement.

Complainant Signature