

101 E. MAIN STREET FREMONT, MI 49412 PHONE: (231) 924-2100 FAX: (231) 924-2400

# CITIZEN COMPLAINT FORM

## Who may register a complaint?

A complaint may be made by any person against any member of the Department. Complaints must be made in person or through the Citizen Complaint Form. Anonymous complaints will be handled at the discretion of the Chief of Police. A complaint may be submitted to any member of the Police Department. Every complaint, regardless of its nature, is investigated.

### **Complaint Procedures**

After receiving a complaint, it will be assigned for investigation. All complaints will be forwarded to the Chief of Police. Whenever possible, minor breaches of rules and regulations may be investigated by the employee's immediate supervisor at the discretion of the Chief of Police.

# **Complaint Investigation Procedures**

Complaints are thoroughly investigated. A report is prepared which includes sworn statements from the complainant, the accused, and all witnesses. All records, video, and audio are also included. The report will not reflect any personal opinion but rather present an objective picture of the circumstances as they actually occurred. The report will then be reviewed for a finding of fact. There are four listed disposition of complaint investigations:

Sustained- The investigation disclosed sufficient evidence to clearly prove the allegation made in the complaint

**Not Sustained**- The investigation failed to disclose sufficient evidence to clearly prove the allegation made in the complaint, or to disprove conclusively such allegation.

*Unfounded*- The investigation disclosed that the named employee was not involved in the alleged incident, the allegation was made in good faith, without malicious intent but the investigation disclosed that the allegation lacks a basis in fact or the allegation is false.

**Exonerated-** That acts that provided the basis for the complaint or allegations did occur, but the investigation revealed that they were justified, lawful and proper.

**Exonerated Due to Policy Failure**- This is a finding that present policy, procedures, rules, or regulations covering the situation are non-existent or inadequate.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a witness.

ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PERJURY, FALSE REPORT OR CIVIL STATUTES. <u>UNDER PENALTY OF PERJURY THE UNDERSIGNED SWEARS THAT THE FACTS CONTAINED ON PAGE TWO AND THREE OF THIS DOCUMENT ARE WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT.</u>

If you have any questions concerning the status of your complaint or about the finding, please contact the Chief of Police Monday through Friday 8:00am-4:00pm at 231-924-2100.



# Fremont Police Department CITIZEN COMPLAINT FORM

Last Name, First Name, Middle Initial	Date of Birth	Sex	Race
Home Phone	Driver License # and State		
Address City State Zip			
OFFICER(S) / EMPLOYEE(	S) INVOLVED		
Officer's / Employee's Name	Badge #	Car #	
Officer's / Employee's Name	Badge #	I	Car #
Officer's / Employee's Name	Badge #		Car #
WITNESS INFORMATION			
Last Name First Name Initial	Date of Birth	Sex	Race
Home Phone	Driver License # and State		
Address City State Zip			
WITNESS INFORMATION			
Last Name First Name Initial	Date of Birth	Sex	Race
Last Name First Name Initial  Home Phone	Date of Birth  Driver License # and		Race
			Race
Home Phone Address City State Zip			Race
Home Phone	Driver License # and		Race
Home Phone Address City State Zip			Race
Home Phone Address City State Zip WITNESS INFORMATION	Driver License # and	State	
Home Phone  Address City State Zip  WITNESS INFORMATION  Last Name First Name Initial	Driver License # and  Date of Birth	State	
Home Phone  Address City State Zip  WITNESS INFORMATION  Last Name First Name Initial  Home Phone	Driver License # and  Date of Birth	State	
Home Phone  Address City State Zip  WITNESS INFORMATION  Last Name First Name Initial  Home Phone	Driver License # and  Date of Birth  Driver License # and	State Sex State	Race
Home Phone  Address City State Zip  WITNESS INFORMATION  Last Name First Name Initial  Home Phone  Address City State Zip	Driver License # and  Date of Birth  Driver License # and	State Sex State	Race



Citizen Complaint Form, Page 2

Nature of Complaint – be sure to SIGN and date this complaint form.

	(A 11 N
	(Add pages as Necessary)
Signature of Complainant	Date
ignature of Witness	Date
Official Use Only	
Date Received	
Time Received	
Received By (Print Name)	