

Complaint No.

## Royal Oak Police Department Citizen Complaint Form

It is the policy of the Royal Oak Police Department to accept and investigate all complaints of employee misconduct or wrongdoing. The Police Department is committed to providing law enforcement services that are fair, effective, and impartially applied. In striving for a professional level of service, all employees are expected to adhere to the highest standards of official conduct and are expected to respect the rights of all citizens.

It is the intention of the Police Department to encourage public support and confidence through the assurance of a fair and thorough investigation of all complaints, thereby leading to a positive relationship that facilitates the attainment of the Police Department's goals and objectives.

This form may be used to register a complaint against any employee of the Royal Oak Police Department whose conduct, behavior, or action is considered improper, unnecessary or inappropriate.

Please print or type all information clearly and legibly in the spaces provided. If you need assistance in completing this form, please contact the supervisor in charge. You will be contacted at a later time with regard to your complaint.

Your Name	Today's Date
Your Address – Street	City, State, Zip
Telephone (Home, Work, Cell)	Original Report Number (if known)

Location of Incident	Date/Time of Incident
Employee(s) Involved (if known)	
Witnesses to Incident (if any) – include name, address, phone	

## Complaint Summary

Please describe your complaint and the alleged actions of the employee(s) in question providing specific details of the incident. Use additional paper if necessary.

I declare under penalty of law that the above information is true and based upon my personal knowledge of the events and actions described. I understand that any untrue statements intentionally made by me could result in civil and/or criminal action taken against me by either the Royal Oak Police Department, the employee subject to this complaint, or both.

Signature of Complainant	Date	
Signature of employee receiving this form	ID No.	Date

Distribution: Original to the Deputy Chief of Staff Services  
One copy to Complainant