

MUSKEGON POLICE DEPARTMENT  
INTERNAL AFFAIRS  
RECEIPT OF COMPLAINT

Complainant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Officer(s) named in the complaint

Name: \_\_\_\_\_ Badge number: \_\_\_\_\_  
Name: \_\_\_\_\_ Badge number: \_\_\_\_\_  
Name: \_\_\_\_\_ Badge number: \_\_\_\_\_

Nature of Complaint: (Attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of occurrence: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

I affirm that the information in this complaint is true to the best of my knowledge. I also understand that at the conclusion of any internal affairs investigation arising from this complaint that I will be given a copy of the "Complaint Disposition Report". This report will be delivered by certified mail or messenger to my last known address. It is the Muskegon Police Department's policy to strive to complete internal affairs investigations within a 30-day period. I understand that if I should then wish to appeal the Internal Affairs Unit/MPD Disposition, I will have ten (10) business days from the receipt of the Complaint Disposition Report to request in writing a review of the IAU investigation and finding through the Citizen's Police Review Board(CPRB).

\_\_\_\_\_  
(Signature of Complainant) Date: \_\_\_\_\_

\*\*\*\*\* (Below this line for Police Department Use Only) \*\*\*\*\*

I acknowledge that on this date and time, I received a complaint against the above named officer(s) and the appropriate action will be/was taken in this matter, per departmental policy and procedure(attach any written documents received from the complainant).

Date of receipt: \_\_\_\_\_ Time of receipt: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Complaint / Department (MPD, Manager's Office, City Clerk's Office)