



CITY OF NORTHVILLE POLICE DEPARTMENT

Complaint Receipt Form

Alan Maciag – Chief of Police



The City of Northville Police Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the Department. The goal of the Department is to ensure that objectivity, fairness and justice are assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time, all complaints will be resolved in a prompt and timely fashion as soon as practicable upon receipt of the initial complaint. During the course of an investigation, the Department may notify you concerning the status of the complaint. You will be notified of the finding of the investigation conducted by the Department.

Your Name: _____

Your Address: _____

Your Phone Number: Daytime (_____) _____ Evening (_____) _____

Date & Time of the Incident: _____

Location of the Incident: _____

Today's Date: _____ Time Now: _____

Reason for Complaint: ***(Please use the reverse side of this form & attach additional sheets as needed.)***

Everything that I have stated orally and also in this official police report/complaint is true and accurate.

(Your Signature)

(Your Printed Name)

(Witness Signature)

(Printed Name of Witness)

Supervisor or Officer Receiving the Complaint

Name & Badge #: _____

Related CFS #: _____

Date Report Received: _____

Time Received: _____

Complaint Routed to: _____

Means: _____

