Novi Police Department

Complaint Receipt Form

The Novi 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 and Time of the Incident _____

Location of the Incident _____

Today's Date _____ Time Now _____

Reason for the Complaint: Please use the reverse side of the form and attach additional sheets as necessary

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 and Badge # _____ Related to Case # _____

Date Report Received _____ Time Received _____

Routed to _____

Reason for Complaint: