



BOARD OF POLICE COMMISSIONERS

**Police Commission Investigator
124 W. Michigan Ave.
City Hall, 4th Floor
Lansing, MI 48933
517-483-4002**

CITIZEN COMPLAINT FORM

CITIZEN COMPLAINT PROCESS

Complaint Forms can be submitted online, by email, in person or mailed to:

**Office of the Police Commission Investigator
4th Floor – Lansing City Hall
124 W. Michigan Avenue
Lansing, MI 48933
517-483-4002
Email: Comminv@Lansingmi.gov**

Complaints must be filed within 60 days of the incident.

Within ten days of receiving your complaint you will be notified about the investigation process.

A complaint can be withdrawn at any time. But, depending on the nature of the complaint, an investigation may continue and result in discipline, if appropriate.

If you require assistance in completing the form, you may contact the Office of the Police Commission Investigator.

COMPLAINT INVESTIGATION

If a complaint cannot be resolved informally, an investigation may be ordered by the Police Commission.

You may be contacted to provide additional information or answer questions about your complaint. Others, who have information about your complaint, may also be contacted.

Depending on the nature of your complaint, you may need to be interviewed by the Police Commission Investigator in person and or by Lansing Police Officials and Internal Affairs.

Every effort will be made to complete each investigation within 90 days.

After the investigation is completed, you will be informed about the results.



Andy Schor, Mayor

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Complainant Information:				
Name of Complainant:	Birthdate:	Gender:	Race/Ethnicity:	Today's Date:
Current Address:	City:	State:	Zip:	
Phone Numbers:	Email Address:			
Name of Person Preparing Report: (If different than Complainant)			Relationship to Complainant:	
Current Address:	City:	State:	Zip:	
Phone Numbers:	Email Address:			

Incident Information:		
Location of Incident: (Street, intersection, business, etc.)	Date of incident:	Time:
Police Incident Report #:	Traffic Stop: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ticket #:
Officer(s) Involved: (Name and badge numbers if known)		

Witnesses: (please use actual names)		
Name:	18 or Older: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Numbers:
Name:	18 or Older: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Numbers:

Additional Witnesses: (please add any additional witnesses in the Description of Incident section)



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Description of Incident: (please include all details and any additional witnesses)

Complainant Signature:

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Preparer's Signature: (if applicable)

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I attest that the information provided is true and correct to the best of my knowledge.

DATE/M RCV:

IA#

CCF/CI-BA (4/2020)