

**INTERNAL AFFAIRS UNIT
Complaint Form**

Grand Rapids Police Department
1 Monroe Center NW / Grand Rapids, MI 49503
(616) 456-3480



Today's Date: _____

COMPLAINANT INFORMATION

(Items marked with an * are optional)

Last Name: _____

First Name: _____ Middle Name: _____

Race*: _____ Sex*: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____ Cell Number: (____) _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: (____) _____

E-Mail Address: _____

Preferred Method of Contact for Follow-up (If in person or by telephone, please indicate the best time)

Home Address Home Phone Business Address Business Phone E-mail Cell

Best Time

Best Time

Best Time

Best Time

Best Time

INCIDENT INFORMATION

Date: _____ Time: _____ AM/PM Location: _____

First Employee's Name: _____ Badge Number: _____

Second Employee's Name: _____ Badge Number: _____

Third Employee's Name: _____ Badge Number: _____

(If names and badge numbers are unknown, please provide other information that can assist in identifying the employee)

Incident Report Number(s): _____ Citation Number(s): _____

If your contact was by telephone, what number did you call?

911 456-3400 Other: _____

