

HOUGHTON POLICE DEPARTMENT
INTERNAL AFFAIRS
RECEIPT OF COMPLAINT

Complaint 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 Houghton 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)

White — Police Department

Yellow — City Manager

Pink - Complainant