MARQUETTE POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Date of report: ________________ Time of report: ________________

Name of person making report: ___________________________________

Address of person making report: ___________________________________

Phone numbers: Home_______________ Cell____________________

Date of Birth: __________________

Date of incident: ________________ Time of incident: ________________

Location of incident: ___________________________________________

Officer(s) complaint is against: __________________________________

Witnesses: list names and phone numbers of witnesses if any to the incident in question:

Name: ____________________________ phone # ________________________
Nature of complaint:________________________________________

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**Note: You are making a police report. You are required by Michigan law MCLA 750.411(a) to complete this report truthfully. Making a false police report is a criminal offense and will be prosecuted by this department if this report is determined to be false.

Signed:_______________________  Date:________________________

Complainant advised of disposition:
Date__________ Time__________ By___________________________________