

FARMINGTON PUBLIC SAFETY DEPARTMENT

COMPLAINT FORM

It is the policy of the Farmington Public Safety Department to accept all complaints. Each complaint is taken seriously and investigated. Thank you for helping us improve our services and professionalism. Please follow the directions on this form and return it to a department supervisor. You may also mail the form to below address or email it to the following: twarthman@farmgov.com

Director of Public Safety, 23600 Liberty Street, Farmington, MI 48335.

I, _____, am making an official complaint.

I certify that this complaint is true and accurate from my own personal knowledge. I am aware it is a crime to make a false or fictitious police report.

Signed: _____ Date Signed: _____

Home Address: _____

Phone Number(s): _____

Email Address: _____

Incident Date: _____ Incident Time: _____

Incident Location: _____

Name or Description of Employee: _____

In your own words, describe in detail, what happened and the name, address and phone numbers of any witnesses (attach additional pages if needed):

Signed: _____

Witness: _____

Receiving Supervisor's Signature: _____ Date: _____

Director's Final Disposition: _____