



VILLAGE OF LAKEVIEW
315 S. LINCOLN AVENUE / P.O. BOX 30
LAKEVIEW, MI 48850

MONTCALM COUNTY

OFFICE 989.352.6322

FAX 989.352.6378

Complaint Receipt Form: Citizen Outside Agency Complaints

This Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the Department. The goal of the Department is to ensure that objectivity, fairness, and justice are assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time, all complaints will be resolved in a prompt and timely fashion as soon as practicable upon receipt of the initial complaint. During the course of an investigation, the Chief or his designee shall notify you concerning the status of the complaint. The Chief will notify you of the finding of the investigation conducted by the Department.

Your Name: _____ Date: _____

Address: _____

Phone number: Daytime: _____ Evening: _____

Location of the Incident: _____

Reason for the Complaint: _____

Your Signature: _____

Today's Date: _____ Time Now: _____

Supervisor or Officer Receiving the Complaint:

Name _____ Rank: _____ I.D.#: _____

Related Incident Report Number: _____

Date Report Received: _____ Time Received: _____

Routed to: _____

Administrative Control #: _____ Assigned to: _____

