

City of Plainwell



Brad Keeler, Mayor
Lori Steele, Mayor Pro-Tem
Todd Overhuel, Council Member
Roger Keeney, Council Member
Randy Wisnaski, Council Member

“The Island City”

Department of Public Safety
119 Island Avenue
Plainwell, Michigan 49080
Phone: 269-685-9858
Fax: 269-685-5460
Web Page: www.plainwell.org

PLAINWELL DEPARTMENT OF PUBLIC SAFETY

CITIZEN COMPLAINT REPORT PROCESS OUTLINE

It is the policy of the Plainwell Department of Public Safety to accept and investigate complaints about personnel, the handling of calls and investigations, and/or alleged violations of work rules or improper conduct. Any matters involving contested citations or criminal charges should be referred to the Prosecutor's Office, the Court, or a private attorney.

All complaints will be thoroughly investigated and appropriate corrective action taken if warranted. A response will be made to the involved parties in a timely manner, based on the facts, nature of the investigation, and availability of those involved. In the event this complaint involves an alleged criminal offense by department personnel, at the discretion of the Director or his/her designee, the matter may be referred to an outside agency for investigation.

The attached form must be used in filing the complaint. The Citizen Complaint Report Form should be filled in completely, detailing specific information concerning the complaint, including the names of those involved and the circumstances surrounding the event to properly investigate your complaint.

Upon completion of the form, the complaint will be reviewed by the Director of Public Safety who will investigate or assign to the Sergeant. After it is complete, the Director will review the investigation and make final determination of the complaint.

If you have any questions regarding this process, you may contact the Director at 269-685-9858.

Kevin Callahan, Director
Plainwell Department of Public Safety

**PLAINWELL DEPARTMENT OF PUBLIC SAFETY
CITIZEN COMPLAINT FORM**

Complainant:

Address:

Home Phone

Cell Phone

Business Phone

Date of Birth:

M F

Email:

Employee Named in Complaint:

Badge #:

Assignment:

Rank:

Shift Worked:

Time of Incident:

Incident/Case No.

Date Received:

Time Received:

Location Received:

Date Occurred:

Time Occurred:

Location Occurred:

Internal Complaint Tracking #

(Office use only)

Type of Complaint (Check One Only)

Conduct

Profiling

Service

Department Policy / Practice

Response Time

Use of Force

Driving

Other

Complainant Narrative:

Complaint Received By:

Date:

Investigating Officer:

Date:

LOG ENTRY

CONTACTED (NAME)	DATE AND TIME CONTACTED	BY PHONE	IN PERSON	CONTACT MADE BY

Narrative:

Disposition of Complaint		
Founded	Founded in Part	Unfounded
Resolved to Citizen=s Satisfaction (If resolved, must also check Founded-or-Founded in Part-or-Unfounded)		

Action Taken			
Employee Contact Report	Verbal Counsel	Training	Disciplinary Action
Director of Public Safety:			Date: