

**GUN LAKE TRIBAL
POLICE DEPARTMENT**

**CITIZEN COMPLAINT / OFFICER RECOGNITION
REPORT FORM**



GUN LAKE TRIBAL POLICE DEPARTMENT

CITIZEN COMPLAINT / OFFICER RECOGNITION REPORT PROCESS OUTLINE

It is the policy of the Gun Lake Tribal Police Department 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 forms 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. The second form is a consent form which will give us permission to contact those parties needed to properly investigate the complaint. Upon completion of the forms the complaint will be reviewed by the Director who will assign the investigation to a Command Staff member. After it is completed the Director will review the investigation and make final determination of the complaint.

If you have any questions regarding this process you are invited to contact the Director at (269) 397-1610.

GUN LAKE TRIBAL POLICE DEPARTMENT

CONSENT TO RELEASE INFORMATION

I _____ (print full name) have filed a complaint with the Gun Lake Tribal Police Department. In order to investigate my complaint, certain information must be made available to the Gun Lake Tribe. This information is for my benefit. I hereby authorize, request and direct personal references, doctors and/or hospitals, any other person, institution or organization, and all governmental agencies and instrumentalities (Tribal, local, state, federal and foreign) wherever said individuals or organizations are situated, to release to the Gun Lake Tribe or to any representative thereof, any document, investigation, record or file that the Gun Lake Tribe or designee deems material to my complaint. Said information can be furnished whether the request is made in person or in writing.

Furthermore, I release all said individuals and organizations from all liability to me that could arise in any manner, contract, or otherwise from the act of furnishing said information and records to the Gun Lake Tribe or representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Furthermore, I appoint the Gun Lake Tribe or representative as my agent for the sole purpose of collecting information for investigation of the complaint and direct that he/she be permitted to inspect all said files and information and be permitted to make copies thereof at his/her discretion. This request can be treated as if I were making the request in person.

Signature _____ Date _____

Signature of Witness _____



CITIZEN COMPLAINT / OFFICER RECOGNITION REPORT FORM

GUN LAKE TRIBAL POLICE DEPARTMENT										
Department GUN LAKE TRIBAL POLICE DEPARTMENT				Incident Number			Complaint		Recognition	
YOUR INFORMATION										
Name							Alias			
Address										
City					State	Zip		Phone		
DOB		Last Digits SSN		Age	Sex	Race		Email Address		
INCIDENT										
Nature of Complaint Excessive Force Search / Seizure Violation False Arrest Driving Disrespect Other _____ Policy _____										
Complaint Against								Badge Number		
Complaint Against								Badge Number		
Date		Time		Date / Time Reported				How Reported		
Offense / Incident Location						County		State		
Description of Offense / Incident (continue below if needed)										
Physical Injuries YYes No If yes, describe injuries:										
Place of Treatment				Doctor's Name				Date of Treatment		
Signature								Date		
DEPARTMENT USE ONLY										
Received By					ID Number			Date / Time Received		
Referred To					ID Number			Date / Time Received		



Gun Lake Tribe Public Safety
2869 Mission Drive, Shelbyville, MI 49344 | {p} 269.397.1610 | gunlaketribe-nsn.gov

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GUN LAKE TRIBAL POLICE DEPARTMENT

Department GUN LAKE TRIBAL POLICE DEPARTMENT	Incident Number	Citation Number
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CONTINUED

Description of Offense / Incident - Continuation

Signature

Date