# **ALLEGAN COUNTY SHERIFF'S OFFICE**

# CITIZEN COMPLAINT REPORT FORM



#### **ALLEGAN COUNTY SHERIFF'S OFFICE**

#### CITIZEN COMPLAINT REPORT PROCESS OUTLINE

It is the policy of the Allegan County Sheriff's Office 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 Sheriff 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 Undersheriff who will assign the investigation to a Command Staff member. After it is completed the Undersheriff 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 Undersheriff at 269.673.0500, extension 4520.

Frank L. Baker

Frankf. B.C.

Sheriff

# **ALLEGAN COUNTY SHERIFF'S OFFICE**

### **CONSENT TO RELEASE INFORMATION**

I (print full name) have filed a complaint with
the Allegan County Sheriff's Office. In order to investigate my complaint, certain information
must be made available to the Undersheriff for the County of Allegan. 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 (local, state, federal and foreign) wherever said individuals or organizations
are situated, to release to the Undersheriff for the County of Allegan or to any representative
thereof, any document, investigation, record or file that the Undersheriff or his/her 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 Undersheriff or his/her 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 Undersheriff for the County of Allegan or his/her 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 of 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 of Complainant
Date
Signature of Witness

# ALLEGAN COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT REPORT FORM

Complainant's Name:		
Address:	Phone	No
Date and Time of Incident:		
Location of Incident:		
Witnesses:		
Name:	Address	Phone No.
Name:	Address	Phone No.
Name:	Address	Phone No.
Staff Member(s) Involved:		
		_

_	INTERNAL COMPLAINT TRACKING # (Office use only) Page 2

		INTERNAL COMPLA	INT TRACKING # (Office use only) Page 3
-			
I declare the above statements to any false information or statemen			o understand that
Signature:		Date:	
To be completed by Sheriff's Office Person	onnel:		
Staff Member receiving complaint:			
Date Received:	Related Inciden	t/Case No.	
Assigned to (Investigating Supervisor):			
Final Disposition:			
Substantiated			Exonerated
Investigated by:	Final disposition date:		
		(See Reverse for I	nvestigation & Findings)

INTERNAL COMPLAINT TRACKING # (Office use only) Page 4

## **INVESTIGATION & FINDINGS:**

Conducted by:	
Date:	Signature: