

**PUBLIC COMPLAINT AGAINST EMPLOYEE**  
**AUTHORITY:** 1935 PA 59, as amended; **COMPLIANCE:** Voluntary

This form is for use by members of the public who wish to make a complaint concerning an employee of the Michigan State Police. This form should be filled out as completely as possible and submitted to the Professional Standards Section. An investigator will contact you after the form has been received by the Professional Standards Section. An investigation will be conducted if appropriate.

Questions should be directed to the Professional Standards Section during business hours at (517) 241-0204. Submit the completed form using one of the methods below.

**U.S. Mail:**  
Michigan State Police  
Professional Standards Section  
P.O. Box 30634  
333 S. Grand Ave.  
Lansing, MI 48909-0634

**Fax:** (517) 241-0218  
**E-Mail:** [MSPIA@michigan.gov](mailto:MSPIA@michigan.gov)

**I. About You**

Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other:		Name (First, Middle Initial, Last)			
Street Address			City	State	ZIP Code
Home Phone ( )	Work Phone ( )	Cell Phone ( )	E-Mail		
Preferred Method of Contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone    Preferred Hours:					
Have you reported this incident to anyone else within the Michigan State Police? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, to whom and on what date:					

**II. About Known Witnesses**

Tell us about others who may have witnessed or taken part in the incident. If extra space is needed, list the additional witnesses or information in Section V.

Name	Address and Phone Number
Name	Address and Phone Number
Name	Address and Phone Number

**III. About Our Employees**

List all Michigan State Police employees you are complaining about, and include rank and full name if known. If extra space is needed, list the additional employees or information in Section V.

Employee 1	Post or Work Location
Employee 2	Post or Work Location
Employee 3	Post or Work Location

**IV. About the Incident**

Be as specific as possible and provide all requested information.

Date	Time	Location
Related Police Report Number <input type="checkbox"/> N/A or Unknown		Michigan State Police License Plate Number <input type="checkbox"/> N/A or Unknown

**V. Description of Incident**

To assist us with accurately identifying the incident, describe the incident in as much detail as possible. Use this area to list any additional individuals having knowledge of the incident who were not already disclosed. Attach additional sheets as necessary.

Check here if additional sheets are attached.