NAVARRE POLICE DEPARTMENT

Date: _____

To: Dennis G. Albaugh, Chief of Police

NATURE OF COMPLAINT

☐ ***Actions of police officer(s)***

Officer(s) Involved: _____Rank: _____

☐ ***Criticism of Department:***

☐ ***Other complaint (subject):***

_____

****

Name of person making complaint: _____

Address: _____

Phone Number: _____

****

DETAILS OR REASON FOR COMPLAINT:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Officer-in-Charge receiving complaint: _____

Date/Time Received: _____

NAVARRE POLICE DEPARTMENT

(Additional space on reverse side)

NAVARRE POLICE DEPARTMENT