

# GRAND TRAVERSE BAND TRIBAL POLICE CITIZEN COMMENDATION AND / COMPLAINT FORM

This form can be used to register a commendation of employee service, suggestion for agency consideration, complaint of agency action or complaint of employee performance. *Please print all information clearly and legibly in the spaces provided.* If there is need for assistance in completing this form, please contact the on duty supervisor (534-7777). The goal of this department is to ensure that moral and ethical standards are being upheld within the tribal and local communities.

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|---|--|
| <input type="checkbox"/> Commendation of employee service | <input type="checkbox"/> Suggestion for agency consideration |
| <input type="checkbox"/> Complaint of agency action       | <input type="checkbox"/> Complaint of employee performance   |

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home address, Mailing address if not same, City, State, Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Employee Information

Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

## Brief Summary of Incident

Attach additional sheets if necessary.

Time/Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

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The complaint as stated above is true and made with good faith. I understand that if I file a false or misleading complaint, I could be subject to criminal and / civil action by the Grand Traverse Band Tribal Police Department, or by the employee subject to this complaint or both. Traffic citation complaints other than an officer's actions will be handled in court.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*If unable to fill out this form, please contact the Police Department.

Date received \_\_\_\_\_ Int. \_\_\_\_\_