GRIEVANCE FORM

Complainant name: __________________________
Complainant address: ________________________

Telephone Numbers: Home: _______________ Work: _____________
Date of Incident: ____________________________
Location of Incident: _________________________
Name of Officer Involved: ______________________

Description of your Grievance (if presented in writing, attach copy)

Corrective action or Personal Relief sought by complainant

Complainant Signature____________________ Date: _____________
OIA Control Number:________________________

(Complaints regarding MPD conduct in schools, to include School-Based arrests need not be Sworn)
SWORN TO AND SUBSCRIBED before me on this the ____ day of
_______________, 20___

_________________________
NOTARY PUBLIC

My Commission Expires:
________________________

FOR INTERNAL AFFAIRS USE ONLY:

Received by: ______________________ Date Received: ___________