

PCR# _____



150 E. Crosstown Pkwy., Suite A
Kalamazoo, MI 49001

Phone: (269) 337-8270
Fax: (269) 337-8141

Commendation or Complaint Report

Commendation Complaint

Citizen's Last Name First Name Middle Name Race Sex Date of Birth

Citizen's Home Address-Include Apt, Suite or Floor (City, State and Zip)

Citizen's Home Phone Number Citizen's Cell Phone Number

Citizen's Email Address Citizen's Work Phone Number

Location or Address of Occurrence Day Time of Day or Night Date of Occurrence

Officer(s) Involved in the Occurrence—Name, Rank, Division and Assignment Officer's Shift

Witness Information

Witness(es) Full Name & Address Witness – Relationship to Citizen Filing the Form Witness-Phone Number

Details of the Incident: Provide a full description of the circumstances that prompted your complaint/commendation. (Attach additional pages, if necessary.)

