

CITY OF EAST LANSING

East Lansing Police Department Complaint Form

You may use this form to file a complaint. We encourage you to provide as much information as possible. It is helpful to investigators to be able to follow up on information or speak to people involved in the incident to gather evidence. Please do not use this form to report crimes.

Please check the box if you would like to file the complaint anonymously.

Your Information

Name (First & Last; or Organization Name)

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

Phone Number _____ Email _____

Information about the Incident:

Location (address, street intersection): _____

Date: _____ Time: _____

Name of ELPD Officer(s)/Employee(s) (if known)

Name of Witness(es) or Others Involved

Witness Phone or Email



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Please explain what you want to see happen as a result of this complaint:

Providing the following information about yourself is helpful to the East Lansing Independent Police Oversight Commission, but is not required:

Gender (voluntary):

Please list what gender you identify as: _____

Decline:

Age (voluntary): _____

Racial/Ethnic Background (voluntary):

Please list what race/ethnic background(s) you identify as: _____

Decline:



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Important Public Records Information

Information submitted in this form is subject to public disclosure.

The East Lansing Independent Police Oversight Commission exists to ensure professional and accountable law enforcement for the citizens of East Lansing. Honest feedback is essential to maintaining a police department that is both trustworthy and responsive to the community. Therefore, it is critical that truthfulness be maintained in the filing and investigation of complaints against the police.

Truth and Accuracy

I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public.

Signature:

Date:

The individual filing this complaint chooses not to record the complaint information; therefore, I am recording their statement on their behalf.

Name of Employee (Printed)

Date

INFORMATION BELOW THIS LINE IS COMPLETED INTERNALLY

Received by:

Name & Title

Date

ELPD:

Name & Title

Date

ELIPOC:

Name & Title

Date

Complaint Number (for tracking purposes): _____

Disciplinary Complaint

Policy Complaint

