



**NOTTAWASEPPI HURON  
BAND OF THE POTAWATOMI**

A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

**NHBP PD CITIZEN COMPLAINT FORM**

This form should be used to register a complaint against any employee of the Huron Potawatomi Police Department whose conduct, behavior, or actions is considered improper, unnecessary, or inappropriate.

Please print all information clearly and legibly on the spaces provided so the department's investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact a Police Supervisor.

You will be contacted at a later time with regard to your complaint and the status of the investigation.

**COMPLAINT INFORMATION:**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Address Date/Time of Incident: \_\_\_\_\_

Telephone (Work-Home): \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Employee involved (If Known):

**Witness to Incident (If Any):**

Name Address Phone:

Name Address Phone:

**COMPLAINT SUMMARY**

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Be detailed and use additional paper if needed.

The complaint as stated above is in my own words and details my personal experience with and/or observations of an employee of this department. To the best of my knowledge, the above allegations are true and were made in good faith,

I understand that any untrue statements intentionally made could result in civil and/or criminal action being taken against me by either the Huron Potawatomi Police Department, the employee subject to this complaint, or both.

Signature of Complainant/Date:

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Name Date

Signature of employee to whom this form was given:

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Name Date