

CITIZEN COMPLAINT FORM

COMPLAINANT NAME:		PHONE #:	
ADDRESS:			
			JMBER:
			nvolved, addresses, phone numbers, etc.
certify that all	statements I have i	made regarding this incident are	ember of the Auburn Hills Police Department. I true based on my knowledge of the incident. ed by the Auburn Hills Police Department as an
PRINTED NAME		Signature:	Date:
Complaint Taker	n By:	Badge #: _	Date:
A complete and tho	orough investigation in	to this matter will be completed by a	command officer. If it is determined that the employely. If it is determined that statements made by the

 $complainant\ are\ not\ true,\ then\ this\ complaint\ will\ be\ forwarded\ to\ the\ Oakland\ County\ Prosecutor's\ Office\ for\ criminal\ prosecution.$

AHPD-009

Internal Investigation #:_____