



Chelsea Police Department Citizen Complaint Form

Employee Involved: _____ Badge: _____

Occurrence: Date: _____ Time: _____

Location: _____
Address City State Zip

Complainant: Name: _____

Address: _____
Address City State Zip

Telephone: _____
Home Business

Details of Incident: _____

Complaint Received By: _____

Received: Date: _____ Time: _____

Investigated By: _____

In Car Audio/Video: _____

Recommendation: _____

Command Signature: _____ Date: _____