DPS Complaint #: ________

The University of Michigan - Flint
Department of Public Safety (DPS) Oversight Committee
303 E. Kearsley St.,
Human Resources
213 UPAV
Flint, MI 48502
Telephone: (810) 762-3150 Fax Number: (810) 766-6711

Complaint or Grievance Against The University of Michigan – Flint Department of Public Safety or a sworn Officer or Officers of DPS UM-Flint.

Complainant’s Information:

Name: ___________________________         ___________________________
                      First                  MI                   Last Name

Telephone:        Work ___________________________
                      Home ___________________________

Address: __________________________________________________________
                      __________________________________________________________
                      __________________________________________________________
                      __________________________________________________________

E-mail Address: ___________________________

Fax Number: ___________________________

Complaint received: □ in writing        □ in person        □ by telephone

Date/Time: ___________________________

By: ___________________________ / ___________________________
                Name                        Signature

UM- Flint DPS Oversight Committee Complaint Form (2014 revision)
Complaint: Description of Incident:

Date/Time of incident(s):
___________________________________________________________

Location where incident or incidents happened: ____________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Details of what happened.
Please describe the incident or incidents in your own words. (Continue on the back of this sheet, if necessary.)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Who was involved?
Provide the name or names of the officer or officers involved? Badge number(s)?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
DPS Complaint #: _______

Provide a physical description of officer or officers, if names not known:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Witnesses to this incident or incidents? If yes, please give us their names, addresses and telephone number, if you are able. If no, what do they look like? Please describe them, e.g. approximate age, height, weight, sex, status (student, visitor if known).

Witness (1) ___________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Witness (2) ___________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Witness (3) ___________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please attach copies or include any photographs, audio recordings, documents, copies of citations, etc. that you consider relevant to this complaint.

Thank you for sharing this information. You can expect acknowledgement of this complaint in written form. A member of the DPS Oversight Committee will contact you within five business days of receiving it to discuss how the Committee will move your complaint forward for review.

Please send this form to Helen Phinisee @ phinisee@umflint.edu or stop by Human Resources, Room 213 in the University Pavilion. Human Resources will direct the complaint appropriately or you can forward the complaint directly to a member of the DPS Oversight Committee. Call Human Resources at 810 762-3150 if you have any questions.