Official Complaint Form

The Leelanau County Sheriff's Office is responsible for protecting the County's residents and visitors, detecting crime, regulating traffic, and dealing with a variety of neighborhood problems. We expect courteous and lawful conduct by our employees. If that is not the case, we want to know about it.

Upon receipt of a citizen complaint every effort is made to ensure a thorough, fair and timely investigation of the allegation(s) contained in the complaint.

In most instances, we believe the Leelanau County Sheriff's Office works in partnership with citizens and that our contacts with citizens are positive. To insure we function efficiently while maintaining the rights of the citizens we protect, the Leelanau County Sheriff's Office is trained to follow a series of policies and procedures, and work within the guidelines of local, state, and federal laws. Because of the nature of law enforcement, we also understand that citizens on occasion may object to the actions of the police, or may feel police conduct is inappropriate. Therefore, we have established procedures for citizens to report their concerns to the administration of the Sheriff's Office.

Instructions Fill out this form if you wish to file a formal and official complaint against police with the Leelanau County Sheriff's Office. This form will be sent directly to the Undersheriff of the Leelanau County Sheriff's Office.

Within 72 hours, you will be contacted by the Undersheriff with an official case number and the name and contact information of the investigator assigned to your complaint. The investigator will follow up with you directly through a phone call, if a number is provided, email or first class mail, within 10 calendar days of receiving your complaint.

To fill out a paper complaint form or learn more about the process, visit the Complaint Process page.

Complainant (Citizen wishing to file complaint)

Last	First			Middle In		
Street Address						
City	State		Zip	Age		
Race	Sex M	F		Date of Birth	(mm/dd/nnn/)	
Occupation				Phone	(mm/dd/yyyy)	
Email Address If you wish to receive a receipt of your submis	sion, provide you	ur email ad	dress and conf	irm above.		
Alleged Victim of Incident	(If different than	complainaı	nt)			
Last	First	First Middle In			1	
Street Address						
City	State			Zip		
Email Address	Phone					

If you wish to receive a receipt of you submission, provide your email address and confirm above.

Person Assisting Complainant Middle In Last First Street Address City State Zip **Email Address** Phone If you wish to receive a receipt of your submission, provide your email address and confirm above. **Witnesses** Witness 1 First Middle In Last Street Address City State Zip **Email Address** Phone If you wish to receive a receipt of your submission, provide your email address and confirm above. Witness 2 Last First Middle In Street Address City State Zip **Email Address** Phone If you wish to receive a receipt of your submission, provide your email address and confirm above. Witness 3 Last First Middle In

If you wish to receive a receipt of your submission, provide your email address and confirm above.

State

Zip

Phone

Street Address

Email Address

City

Officers Complained Against Officer 1

Name	Rank							
Badge#		Uniform	Duty Status					
Vehicle Number		License Plate						
Height	Weight	Hair	Eyes	Sex				
Age	Race							
	Add	Additional Details Below.						
Add a Second	Officer							
Name		Rank						
Badge#		Uniform	Dut	y Status				
Vehicle Number		License Plate						
Height	Weight	Hair	Eyes	Sex				
Age	Race							
	Add A	dditional Details Below.						
Detailed Descr Date of Incident	iption of Com	nplaint Time of Incide	nt (HH:MM A	AM/PM)				
Location of Incident (A	Address, Intersection	n or Place of Business)						
Detailed Description (Please provide a de	etailed account of the situation	.)					
Canfirmatian								
Confirmation I hereby confirm that the	he above informatio	on is true and correct.						
Signature		Date						
Type Full Name		(MM/DD/YYYY)						
Upon completion of the	nis form, print it and	either deliver or mail it to:						
		Undersheriff James Kie	ssel					

Or, save the form and email it to: jkiessel@leelanau.gov You will be contacted upon receipt of the Complaint form.

Leelanau County Sheriff's Office 8525 E Government Center Drive Suttons Bay, MI 49682