



*Service/Personnel
Complaint Form*

*Saginaw Valley State University
University Police
7400 Bay Road
University Center, MI 48710
989-964-4141*

Complainant's Name (Last, First Middle)			Date Complaint Filed	Case Number (Official Use)
Address	City	Zip	Home Phone	Work/Cell Phone

Location of Occurrence	Day	Date	Time
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Witness Name (Last, First, Middle)	Address, City, Zip	Phone

Badge No.	Name/Vehicle Number	() Officer () Civilian/Student	Sex	Race

Details of Complaint (Use Reverse Side; Attach Additional Pages if Necessary)
What would like to see done as a result of this complaint?

Complainant's Signature
X _____ Date _____

Person Receiving Complaint	ID No.	Date	Time
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