



CITIZEN COMPLAINT FORM CLAY TOWNSHIP

4710 Pte Tremble
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E-mail: clerk@claytownship.org Web Site: <http://www.claytownship.org>

Why a Complaint Form?

Citizens have a right to register complaints regarding the conduct of Township employees. Citizens also have a right to complain about policies and procedures of the Township. This form exists to document citizen complaints and the response of the Township. It is hoped that this process will help to improve the services of the Township to all residents and property owners.

Impartial Review and Fairness...That's the Goal!

Clay Township adheres to a policy of investigating all allegations of misconduct or complaints regarding employees, policies or procedures of the Township. The goal of the Township is to ensure that objectivity, fairness, consistency and justice is assured by a thorough impartial investigation and/or review of your complaint.

Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as possible. During the course of the investigation, the Township Board or their designee will notify you concerning the status of your complaint. The Township Board will notify you of the findings of the investigation and/or review of the Township. However, the Township cannot, by law, discuss any individual personnel actions that may result from your complaint.

1. YOUR NAME: _____

2. YOUR ADDRESS: _____

3. YOUR DAYTIME TELEPHONE NUMBER: _____

4. YOUR EVENING TELEPHONE NUMBER: _____

5. IS THE COMPLAINT REGARDING ...

A TOWNSHIP EMPLOYEE: Yes _____ No _____
(If so, please complete the rest of the form.)

A TOWNSHIP POLICY OR PROCEDURE: Yes _____
(If so, skip to question # 10.)

6. DATE OF THE INCIDENT OR COMPLAINT: _____

7. TIME OF THE INCIDENT OR COMPLAINT: _____

8. LOCATION OF THE INCIDENT OR COMPLAINT: _____

9. WHO ELSE MAY HAVE WITNESSED THE INCIDENT OR MAY HAVE SEEN THE INCIDENT?

Name: _____

May we contact them? Yes _____ No _____

10. EMPLOYEE'S NAME (IF KNOWN) _____
DEPARTMENT: POLICE FIRE DPW TWP OFFICE PERSONNEL

11. NATURE OF THE COMPLAINT: (Attach additional sheets if necessary)

YOUR SIGNATURE: _____

TODAY'S DATE: _____

For Internal Use Only: To be completed by the Township Board Designee or Department Head

Date Complaint Received: _____ Time Received: _____
Routed or Handled by: _____ Routed To: _____
Township Board Member: (Initial) _____
