

# CITY OF EAST LANSING

## East Lansing Fire Department Complaint Form

*You may use this form to file a complaint. We encourage you to provide as much information as possible. It is helpful for our staff to be able to follow up on information or speak to people involved in the incident to gather information. Please do not use this form to report crimes.*

**Please check the box if you would like to file the complaint anonymously.**

### Your Information

\_\_\_\_\_  
Name (First & Last; or Organization Name)

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Information about the Incident:

Location (address, street intersection): \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of ELFD Personnel (if known)  
\_\_\_\_\_  
\_\_\_\_\_

Name of Witness(es) or Others Involved  
\_\_\_\_\_  
\_\_\_\_\_

Witness Phone or Email  
\_\_\_\_\_



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## Statement/Description of Incident

Do you have photographs or video relevant to this incident?

- Video
- Photos
- Other documents (additional statement)

Documents can be sent to this email: [oskowro@cityofeastlansing.com](mailto:oskowro@cityofeastlansing.com)

**Please enter a description of the incident** (If more space is needed, please send additional information to the email above.)



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**Please explain what you want to see happen as a result of this complaint:**



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## Important Public Records Information

Information submitted in this form is subject to public disclosure.

*The East Lansing Fire Department Strives to provide the highest quality care to the citizens we serve, should you have a complaint or concern, please fill out the following form. The information will be passed on through the proper chain of command and matters will be looked into.*

## Truth and Accuracy

I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public.

Signature:

Date:

\_\_\_\_\_

The individual filing this complaint chooses not to record the complaint information; therefore, I am recording their statement on their behalf.

\_\_\_\_\_  
Name of Employee (Printed)

\_\_\_\_\_  
Date

## INFORMATION BELOW THIS LINE IS COMPLETED INTERNALLY

Received by:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

ELFD Deputy

Chief: \_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Safety Training

Officer: \_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Run Number (for tracking purposes): \_\_\_\_\_

Disciplinary Complaint

Policy Complaint

