



Complaint or grievance against the Oakland Community College Public Safety Department.
Email completed form to: emailpublicsafety@oaklandcc.edu.

COMPLAINANT

Name (First) (Middle Initial) (Last)

Address

Telephone (Primary) (Alternate)

Email Fax Number

COMPLAINANT – DESCRIPTION OF INCIDENT

Date/Time

Location of Incident or Incidents:

Details of Complaint:

Department of Public Safety Complaint Form

Names of Public Safety Officer(s):

Physical Description, If Name of Public Safety Officer(s) Unknown:

Vehicle Description, If Applicable:

Badge Number or Numbers, If Known:

Department of Public Safety Complaint Form

Do you know of any witnesses to this incident or incidents? If so, please provide their names, addresses, and telephone numbers, if you are able. If not, please describe them. How old were they? What do they look like? Are they male or female?

Witness (1)

Witness (2)

Witness (3)

NOTE: Complaints may be made anonymously. You do not have to include your name or phone number but doing so allows us to contact you should the investigator have additional questions and provide you a report on the disposition of the complaint. Please attach or include any photographs, audio recordings, documents, copies of citations, etc. relevant to this complaint. Do not include any originals as their return cannot be guaranteed.

Thank you for coming to us with this information. Your complaint will be referred to an appropriate staff member to begin the review process within five business days. You may be contacted to provide additional information, ask questions, and move your complaint forward.