







**Affirmation**

I, \_\_\_\_\_,  
do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal prosecution.

I realize that it may become necessary, during the investigation of this complaint for me to meet with a member of City Administration to discuss this complaint, either in the presence or absence of any accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through court or administrative hearing, as a result of my complaint, my testimony before these hearings may be required. I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

Signed,

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

in the City of Ypsilanti, County of Washtenaw.

Witness Signature (*NOTARY NOT REQUIRED*) \_\_\_\_\_

Witness Signature (*NOTARY NOT REQUIRED*) \_\_\_\_\_

**Complaint Reception Receipt**  
(City Use Only)

The \_\_\_\_\_ (Department) hereby acknowledges the receipt of a complaint filed on

\_\_\_\_\_ by  
Date

\_\_\_\_\_ of  
Name of Complainant

\_\_\_\_\_  
Address City State Zip Code

Your complaint will be brought to the attention of the City Manager's office, who will assign an investigator to gather all of the facts. Once the investigator has filed a report, it will be carefully reviewed and a final disposition will be made.

A representative of the City Manager's office will notify you as to the final disposition of your complaint, usually within a period of thirty (30) days from the date shown below.

\_\_\_\_\_  
Name and Signature of Accepting Staff Member

\_\_\_\_\_  
Date

**FURNISH A COPY OF THIS COMPLETED FORM TO THE COMPLAINANT AND RETAIN ORIGINAL**

**For City Use Only**

<b>Name of Initial Reviewer of Complaint</b>	<b>Date of Review</b>
<b>Recommendation</b>	
<b>Signature</b>	

**To be completed by investigator of complaint:**

<b>Type of Complaint</b>	<b>Date Received</b>
<b>Date Investigation Was Initiated</b>	
<b>Date Investigation was Completed</b>	
<b>Dated of Filing Final Report</b>	
<b>Determination</b> <input type="checkbox"/> <b>Substantiated</b> <input type="checkbox"/> <b>Unfounded</b> <input type="checkbox"/> <b>Inconclusive</b>	
<b>Investigators Signature</b>	<b>Date</b>

**Final Determination:**

**Substantiated**       **Unfounded**       **Inconclusive**

**Action taken:**

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**Comments:**

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**Complainant Notified of Disposition by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Notified of Disposition by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**City Manager Signature** \_\_\_\_\_ **Date** \_\_\_\_\_