

# City of Taylor



## DEPARTMENT OF POLICE

*CHIEF JOHN BLAIR*

23515 GODDARD ROAD • TAYLOR, MICHIGAN 48180 • (734) 287-6611

### **COMPLAINT HEARING REQUEST FORM**

COMPLAINT HEARING FORMS ARE NOT FOR JUVENILE DEFENDANTS 16 AND YOUNGER. IF YOU ARE HAVING A PROBLEM WITH A JUVENILE, YOU NEED TO MAKE A POLICE REPORT.

A Complaint Hearing is to determine if a city law (Ordinance) has been violated. This hearing, if held, may or may not avoid a court hearing. This hearing will only be held if the City Attorney believes that you have stated facts that could lead to a city law (Ordinance) violation. If the City Attorney does not approve your request for a complaint hearing, the matter may be submitted to the Wayne Mediation Center for mediation.

A defendant (the person or persons you are complaining about) can not be forced to come to the complaint hearing. Participation is voluntary.

THIS IS NOT A TRIAL. DO NOT BRING WITNESSES WITH YOU FOR THIS HEARING UNLESS REQUESTED BY THE CITY ATTORNEY.

If the City Attorney approves your request for a Complaint Hearing, you may be charged a \$25.00 refundable service fee that must be paid before a hearing can be scheduled. A notice will be sent to you.

All items on this form must be completed to process, including the name of the defendant.

DATE: \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

AGE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

NAME OF DEFENDANT: \_\_\_\_\_

AGE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

**NATURE OF COMPLAINT IN ORDER OF HOW INCIDENT HAPPENED:**

(attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this Complaint reported to the Police? \_\_\_\_\_ If yes, please list the case number: \_\_\_\_\_.

COMPLAINANT SIGNATURE: \_\_\_\_\_

**RETURN TO THE TAYLOR POLICE DEPARTMENT**

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**FOR PROSECUTOR ONLY**

COMPLAINT HEARING SCHEDULED: \_\_\_\_\_ YES \_\_\_\_\_ NO

REFER TO WAYNE MEDIATION CENTER: \_\_\_\_\_

PROSECUTING ATTORNEY: \_\_\_\_\_

DATE: \_\_\_\_\_