

## *Community Concerns*

MPD welcomes constructive criticism of the department and valid concerns against its members or procedures that do not require a formal complaint or an internal investigation. If you have a concern, you may share that with the MPD by emailing [marysvillepolice@bluevalley.net](mailto:marysvillepolice@bluevalley.net) or requesting to speak with a supervisor at 785-562-2343.

## *Community Compliments*

Our community often has positive interactions with members of the MPD and we welcome hearing from our community about these experiences. If you have a compliment, you may share that with the MPD by emailing [marysvillepolice@bluevalley.net](mailto:marysvillepolice@bluevalley.net) or requesting to speak with a supervisor at 785-562-2343.

## *Formal Complaint*

The MPD takes formal complaints regarding police departmental personnel or procedures seriously and will conduct a formal investigation into the matter. If you have a formal complaint, you may pick up a complaint form from the Marysville Police Department lobby, the Marysville City Hall Building lobby, by emailing [marysvillepolice@bluevalley.net](mailto:marysvillepolice@bluevalley.net) or by calling 785-562-2343 and a complaint form will be mailed to you.

# MARYSVILLE POLICE DEPARTMENT

## Citizen Complaint Form

The Marysville Police Department strives to maintain a professional image and treat citizens fairly. Every citizen shall have the opportunity to voice their complaint concerning the conduct of any Marysville Police Department employee.

After completing this form you may leave it with any employee of the MPD, drop it off in person, mail or fax it to the police department, or scan and electronically send it to:

### Mailing Address

Marysville Kansas Police  
Attn: Citizen Complaint  
207 South 10th Street  
Marysville, KS 66508

Fax #: (785-562-3296)

Email: [marysvillepolice@bluevalley.net](mailto:marysvillepolice@bluevalley.net)

## COMPLETING THIS FORM

If we are to thoroughly investigate your complaint, you will need to complete all sections of this report. If you have any questions you can request a supervisor meet with you to file the report on your behalf or to assist you in completing the report if you prefer.

- Section - A** This is the physical address/location of where the allegation took place.  
Please check the appropriate box indicating the date and time the incident occurred.
- Section - B** This section will list your personal information.  
Check the appropriate box for race, sex and yes/no answers that apply.
- Section - C** Used to detail injuries and medical staff who treated you.
- Section - D** List your witnesses name, address and contact phone number for interview purposes.
- Section - E** List the employee(s) you are complaining about.  
If you know the employee's ID # or the car they were driving at the time of the incident, list those in this section.
- Section - F** Give a complete and detailed account of what occurred and what you are complaining about.
- Section - G** There are times when a complainant does not want a formal report, but would prefer a different kind of action. Tell us how you would like this complaint to be handled.
- Section - H** Read, sign and date the signature block.

## ANY QUESTIONS CAN BE DIRECTED TO THE:

Chief of Police  
(785) 562-2343  
[marysvillepolice@bluevalley.net](mailto:marysvillepolice@bluevalley.net)

**MARYSVILLE POLICE DEPARTMENT  
Citizen Complaint Form**

**INCIDENT INFORMATION**

**Section - A**

Date Incident Occurred:	Day Incident Occurred: M    T    W    Th    F    Sa    Su
Time Incident Occurred: a.m.                      p.m.	Location of Incident:

**COMPLAINANT INFORMATION**

*[The person filing out this report]*

**Section - B**

Name:		Date of Birth	Age:
Sex:    Male Female	Race:    White                      Black Native American                      Other	Hispanic	
Street Address:	City:	State	Zip
Contact Phone #:	Email Address:		
Were you arrested? Yes                      No	Charges:		
Were you injured? Yes                      No	Did you seek medical attention? Yes                      No		

**DESCRIBE YOUR INJURIES BELOW**

*[If medical attention was sought, list the name of the doctor or medical institution who treated you]*

**Section - C**

**WITNESS INFORMATION**

**Section - D**

Name:	Address:	Contact #:
Name:	Address:	Contact #:
Name:	Address:	Contact #:
Name:	Address:	Contact #:

**EMPLOYEE INFORMATION**

*[MPD employee(s) involved in the allegation]*

**Section - E**

Name:	Employee #:	Car #:
Name:	Employee #:	Car #:
Name:	Employee #:	Car #:
Name:	Employee #:	Car #:

**MARYSVILLE POLICE DEPARTMENT**

**Citizen Complaint Form**

**INCIDENT DESCRIPTION**  
*[Describe in detail what occurred]*  
**Section - F**


**Section - G**

**How would you like to see this complaint handled?**


**Section - H**

I do hereby affirm the foregoing information is true and complete to the best of my knowledge and belief.  
 I understand that it is a violation of Kansas law [K.S.A. 21-5904] to willfully make a false report.

\_\_\_\_\_  
 Complainant's Signature:

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

MPD Staff Only

Reviewer Acknowledgement:		Notes:
Officer		
Sergeant		
Assistant Chief		
Chief of Police		