



# SHEPHERD POLICE DEPARTMENT INCIDENT FORM



251 West Wright Ave, PO Box 562 Shepherd MI 48883  
989 828 5045 Main Line / 989 828 7017 Fax  
Central Dispatch Non Emergency 989 773 1000

2010-09-08 08:32:26

Type of Complaint

Date of Incident  Reporting Person Last/First/Middle

Date of Birth  Location of Incident

Phone Number  Time Off Incident

Name  Email

Address  Best Time to Be Contacted

City  State  Zip Code

## INVOLVEMENT

(Please list as much information as you can on those involved and their connection to the incident)

Last/First/Middle  Please Select

Name  Phone Number

Address  Email

City  State  Zip Code  Date of Birth

Last/First/Middle  Please Select

Name  Phone Number

Address  Email

City  State  Zip Code  Date of Birth

Last/First/Middle  Please Select

Name  Phone Number

Address  Email

City  State  Zip Code  Date of Birth

In the spaces below please briefly document the incident

Narrative

*NOTICE - by completing this form it does not mean that a police response will be immediate.. This form should only be used with incidents that do not need a police officer to immediately respond to the scene. Once this form is emailed you should hear from the Shepherd Police Department within three (3) working business days. If you have not heard from a police officer please contact the police department at the listed telephone number to assure the email was received.*

*The Shepherd Police Department created this form to better serve the community during times that officers are un-available or for the convenience of those needing to file a complaint or incident.*

Local Use - Complaint #