

Lt. Zehir Taskin  
Sup 08

BERRIEN COUNTY SHERIFF'S DEPARTMENT

CITIZEN COMPLAINT FORM

C.C.P.

This form should be used to register a complaint against any employee of the Berrien County Sheriff's Department whose conduct, behavior, or actions is considered improper, unnecessary or inappropriate.

Please print all information clearly and legibly on the spaces provided so the department's investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Officer-in-Charge. You will be contacted at a later time with regard to your complaint and the status of the investigation.

COMPLAINT INFORMATION

Your Name: [REDACTED]

2/19/08

Your Address: [REDACTED] Burtch Rd. Niles

Todays Date

Telephone (Work - Home): [REDACTED]

Date/Time of Incident

1/19/08

Driver's License # or ID Card:

Location of Incident

[REDACTED] - [REDACTED] Niles, MI

Employee(s) Involved:  
(if known):

Taskins

Witnesses to Incident:  
(if any)

Name: [REDACTED]

Address: [REDACTED]

St.: [REDACTED]

Phone: [REDACTED]

Name: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

COMPLAINT SUMMARY

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Be detailed and use additional paper if needed.

IIS I WAS TALKING TO OFFICER DAVIS  
THE OTHER OFFICER TASKINS RAN UP AT  
TOP SPEED AND KICKED ME IN MY ABDOMIN.  
HE THEN TOOK ME TO THE GROUND AND  
THEN THREW ME WHEN HE HIT ME WITH TWICE  
IN THE HEAD AS THEY WERE APPREHENDING ME  
HE WAS NOT FIGHTING BACK AND WAS SCARED FOR MY LIFE.

Damon Williams