



Pokégnek Bodéwadmik + Pokagon Band of Potawatomi
 Pokagon Band Police Department

REQUEST FOR COPY

Complaint Number

Date Requested

Complaint Type

Requesting Person

Tribal Member (circle) YES NO

PRINT:

SIGN:

Address

Phone

Send Report to - Fax / Email / or Mailing Address

Relationship to Case

Reason Requested (Be specific as to why you are requesting record)

Please allow up to 15 calendar days for processing

For Office Use Only

Approved Denied Referred to Tribal Attorney (date) _____

Supervisor Signature: _____

Date Faxed / Email / or Mailed: _____