



# Claim Reporting Form

(PLEASE PRINT CLEARLY)

Member's Full Name: \_\_\_\_\_  
Last Middle First

Address: \_\_\_\_\_  
City State Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Social Security # (Last 4 digits only) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Law enforcement employer and employers address, city, state, zip: \_\_\_\_\_  
\_\_\_\_\_

Date of incident resulting in (or which may result in) administrative discipline or lawsuit? \_\_\_\_\_

Specifically describe the incident leading up to the claim presented for review. (Continue on separate page if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifically describe any administrative charges or discipline: (Continue on separate page in necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lawsuit filed? Yes  No  County of filing: \_\_\_\_\_

Have you contacted an attorney? If So, provide name, complete address, and telephone number. \_\_\_\_\_  
\_\_\_\_\_

Please enclose a copy of Charge(s) and any notice of investigation.

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

Return SIGNED and COMPLETED claim form to:  
Camille MacLean - Professional Law Enforcement Association, Inc.  
P.O. Box 1197  
Troy, MI 48099-1197  
Toll Free: 800-367-4321  
Fax: 248-641-8857