



ST FRANCIS POLICE DEPARTMENT CITIZEN COMPLAINT OF POLICE ACTION

This citizen complaint of police action must be completely filled out and signed, or there will be no investigation of the event.

Full Name: _____ Address: _____ Phone: _____

DOB: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Best time to be contacted by police supervisor for follow up: _____

Today's Date: _____

Date of event complained about: _____

Time of event (if not known, estimate): _____ Location of event: _____

Name of officer(s) involved, if known: _____ Were you arrested? _____

Charge: _____

Were you injured? _____

Where on Body? _____

Were you given medical assistance? _____

Where? _____

By Whom? _____

In your opinion, did the police officer (s) assault you? _____ If yes, explain: _____

Did you assault any police officer(s)? _____

If yes, explain: _____

Witnesses:

Name: _____ Age: _____

Address: _____ Phone: _____

Name: _____ Age: _____

Address: _____ Phone: _____

Name: _____ Age: _____

Address: _____ Phone: _____

Describe what happened and what the nature of your complaint is (if more room is necessary, please use back of this page):

The above information is correct, true and complete to the best of my knowledge. I understand that knowingly making false allegations against a peace officer is in violation of Minnesota State Statute 609.749 Subd 2 (a) (7), punishable by imprisonment up to one year and a fine of \$3,000.00.

Signature _____

This Section to be Completed by Police Department Personnel

Report turned in to: _____ On: _____ At _____ Hours. _____

Signature _____

Report received by _____ (supervisor) for investigation
on _____.

Action taken: _____