Print Form

MINNETONKA POLICE DEPARTMENT
Allegation of Misconduct Form

Date:

TENNESSEN WARNING: The information you are being asked to provide is classified as “Public”, “Private” and “Confidential” pursuant to the Minnesota Government Data Practices Act. The purpose of collecting this information is to appropriately investigate your complaint. You are not required to supply the requested information, but not doing so will hinder the investigation of your complaint. The information you provide can be accessed by others in accordance with the Data Practices Act.

COMPLAINANT INFORMATION	
NAME:	DOB:
ADDRESS:	CITY:
STATE:	ZIP:
HOME PHONE:	WORK PHONE:

INCIDENT INFORMATION		
LOCATION:		
DATE:	TIME:	
EMPLOYEE INVOLVED:		
WITNESSES:		
NAME:	PHONE (H):	(W):
DETAILS OF COMPLAINT: (The following information is true and correct to the best of my knowledge and belief (Use attached statement forms for additional information)		
COMPLAINANT SIGNATURE:		DATE:
SIGNATURE OF DEPT. REPRESENTATIVE RECEIVING COMPLAINT:		DATE:

Please return signed form to Minnetonka Police Dept.