

**Police Civilian Internal Affairs Review Commission (PCIARC)**

# Complaint Intake Form

**This form is only to file a complaint against a sworn police officer of the Saint Paul Police Department (SPPD).** Reasonable accommodations under the Americans with Disabilities Act (ADA) and assistance, including language interpretation and translation, are provided upon request. Please contact the PCIARC Coordinator with requests for assistance and questions about the process: [CivilianReview@stpaul.gov](mailto:CivilianReview@stpaul.gov) or 651-266-8970.

## 1. Complainant Information

Name	Pronouns
Street address	Primary phone number
City, state, zip code	Secondary phone number
E-mail address	
What is generally the best time day and time to contact you?	
Is there another person we can contact, in case we cannot reach you directly? (not required)	
Contact person email	Contact person phone

## 2. Incident Description

Location of incident	Date and time of incident	
If a police report was filed, what is the case number?		
Were you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you seek medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file this complaint with another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
If injured, please describe your injury		
Please tell us why you are filing this complaint of police misconduct		

**Please describe the incident. Tell us what happened and how it impacted you. Attach additional pages if needed.**

### 3. Officer Information

Names of the officer(s) involved. If unknown, please provide a physical description of the officer(s).

Badge number(s):	Vehicle number(s):	Did you receive a business card from any of the officers involved in this incident?  <input type="checkbox"/> YES <input type="checkbox"/> NO
If anyone was arrested or issued a citation during the incident, what number(s) are on the citation(s)? If you do not know the citation number(s), what was the name of the person arrested or cited?		

### 4. Witness Information

Full name	Email address	Phone number
Full name	Email address	Phone number
Full name	Email address	Phone number

## 5. Personal Information

The City of Saint Paul collects demographic and personal information on complaints of police misconduct to identify patterns, improve services, and strengthen our complaint intake process. This information is optional.

<p><b>Gender</b></p> <p><input type="checkbox"/> Woman</p> <p><input type="checkbox"/> Man</p> <p><input type="checkbox"/> Nonbinary</p> <p><input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other</p>	<p><b>Please indicate your age range</b></p> <p><input type="checkbox"/> 0 – 18 years old</p> <p><input type="checkbox"/> 19 – 25 years old</p> <p><input type="checkbox"/> 26 – 34 years old</p> <p><input type="checkbox"/> 35 – 54 years old</p> <p><input type="checkbox"/> 55 – 64 years old</p> <p><input type="checkbox"/> Age 65 +</p> <p><input type="checkbox"/> Prefer not to answer</p>
<p><b>Race or ethnicity</b></p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> American-Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White (Caucasian)</p> <p><input type="checkbox"/> Two or more races</p> <p><input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other</p>	<p><b>Income</b></p> <p><input type="checkbox"/> Less than \$20,000</p> <p><input type="checkbox"/> \$20,000 to \$34,999</p> <p><input type="checkbox"/> \$35,000 to \$49,000</p> <p><input type="checkbox"/> \$50,000 to \$74,999</p> <p><input type="checkbox"/> \$75,000 to \$99,999</p> <p><input type="checkbox"/> Over \$100,000</p> <p><input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other</p>
<p><b>Preferred language</b></p>	
<p><b>If you would like to request a reasonable accommodation under Title II of the Americans with Disabilities Act (ADA), please describe:</b></p>	

**Public and Not Public Information.**

You are being asked to voluntarily provide information that will be used to review your complaint. This information is subject to the Minnesota Government Data Practices Act. Although it is not available to the public, you may access this statement provided by you. All other information collected or created in connection with this complaint is not public and not available to you. If there is final disciplinary action after a complete investigation, the reasons for imposing final discipline will be public and will be available to you.

**True and Accurate Statement**

The City seeks to ensure that officers perform their duties with professionalism. Honest feedback is essential to maintaining a police department this is trustworthy and responsive to the communities it serves. It is therefore crucial that truthfulness be maintained in the filling and investigation of complaints against the police. Please be advised that Minnesota law (Minn. Stat §609.505) makes it a criminal offense to make a knowingly false and defamatory report of police officer misconduct.

By signing this complaint, I certify that the information in this complaint is true and accurate to the best of my knowledge and belief. I understand that this is the first step to initiating an investigation and that I may be asked to provide additional information about my complaint or give a recorded statement.

---

**Complainant Signature**

---

**Date**