



POLICE – CIVILIAN INTERNAL AFFAIRS REVIEW COMMISSION



1. Complainant Information

Name	Home Phone Number
Street Address	Work Phone Number
City, State, Zip	Cell/Other Phone Number
E-mail Address	
Contact Person (In Case We are Unable to Reach You)/ Relationship:	Phone Number

2. Location Details

Location of Incident:	Date and Time of Incident:	
Police Department 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	If Yes, When and Where
If Injured Describe Injury(s):		

3. Officer(s) Involved: (if unknown provide physical description)

Badge Number(s):	Vehicle Number(s):	Citation Number(s) if given:
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Name of Person(s) Arrested?	Charge(s):
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4. Describe Incident:

5. Witnesses

Name (first and last)	Address	Contact Number (cell, home or work)

Complaint Filed with Another Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list agency name and date filed
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6. Demographics

<p><u>Gender</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Transsexual</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not specified</p> <p><u>Disability</u></p> <p><input type="checkbox"/> Deaf / Hard of Hearing</p> <p><input type="checkbox"/> Blind / Visually Impaired</p> <p><input type="checkbox"/> Other _____</p> <p>Date of Birth: _____</p>	<p><u>Race (check one or more)</u></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"/> Other</p> <p><input type="checkbox"/> Not specified</p> <p>Income (optional): _____</p>
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7. 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. This law classifies certain information, which may include information about you, as public. 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.

8. 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 that is trustworthy and responsive to the communities it serves. It is therefore crucial that truthfulness be maintained in the filing 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.

9. Certification

Complainant Signature

Date

By [signing / electronically 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.