POLICE CONDUCT COMPLAINT FORM

CITY OF MINNEAPOLIS
OFFICE OF POLICE CONDUCT REVIEW
350 S. 5TH ST. ROOM 239, MINNEAPOLIS, MN 55415
612-673-5500
Monday through Friday, 8:30 a.m. — 4:30 p.m.

The completion of this form is the first step in the complaint process. This form needs to be filled out completely and accurately; attach additional pages if necessary. Sign and date the bottom, and return the form to the address at the top of this form. For more information, visit www.minneapolismn.gov/civilrights/policereview.

Select Investigator Preference: You may indicate a preference as to whether a civilian or sworn officer investigates your complaint. This will be taken into consideration by managers but does not guarantee that your preference will be accommodated.

☐ **Civilian Investigator** ☐ **Police Investigator** ☐ **No Preference**

Name (Last, First, Middle)		**Date of Birth**	**Phone**
Home Address Street	**City/State**	**Zip**	**Email Address**

Please indicate your race(s):

☐ *Asian* ☐ *African* ☐ *White* ☐ *Latino* ☐ *Other*
☐ *Pacific Islander* ☐ *Black* ☐ *Native American* ☐ *Middle Eastern* ☐ *Refused*

I AM ALLEGING:

☐ *Excessive Force* ☐ *Inappropriate Language or Attitude* ☐ *Discrimination* ☐ *Theft*
☐ *Harassment* ☐ *Failure to Provide Protection* ☐ *Retaliation* ☐ *Other*

Officer Badge Number(s)	**Officer Name(s)**	**Squad Number**
Case Number on Blue Card	**Incident Location/Address**	**Incident Date & Time**
Witness Name(s)	**Address**	**Phone Number**

Narrative – Please describe the incident in detail; use back page if necessary.

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.

Complainant Signature	**Date & Time**

This form is available in alternative format - Please contact ADA staff, Human Resources Department 612-673-2694. Deaf/Hard of Hearing people can call 612-673-2626 TTY for more information or to make an appointment with a certified sign language interpreter to help fill out this form.

Case Number:

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Revised 6/2013