

306 S Marshall Street, Suite 1100 Caledonia, MN 55921-0106 (507) 725-3379 • Fax (507) 725-2238

CITIZENS COMPLAINANT FORM

Complainant's Name:	
Complainant's Address:	
City, State, Zip Code:	
Telephone Number:	(EVENING)
Witness Name:	
Witness Address:	
City, State, Zip Code:	
Witness Name:	
Witness Address:	
City, State, Zip Code:	
Date of Occurrence:	Time of Occurrence:
Place of Occurrence:	
Principle Officer: (If unknown, Physical Des	scription)
Badge Number:	_ Squad Number:
Citation or Case Number:	
The information contained herein is correct	and true.
SIGNATURE:	DATE:

and signed. Incluenforcement officer misconduct has occurred supporting docume considered filed un you know to be fall subject you to prose	ude all relevant in r(s), and a narrative curred. If needed, nts you may have. It signed by the collse. Knowingly pro	nformation: the ve of the events you may include Please sign and mplainant. It is	reason you had an e additional paged date all pages against the law	nad contact wexplanation if ges. Include contains. The complains to make a co	vith the law you believe opies of any nt will not be omplaint tha