



Houston County Sheriff's Office

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

CITIZENS COMPLAINT FORM

Complainant's Name: _____

Complainant's Address: _____

City, State, Zip Code: _____

Telephone Number: _____
(DAYTIME) (EVENING)

Race, Ethnicity, National Origin: _____
(OPTIONAL)

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 Description) _____

Badge Number: _____ Squad Number: _____

Citation or Case Number: _____

The information contained herein is correct and true.

SIGNATURE: _____ **DATE:** _____

