

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Department of Police
Department of Public Safety

*100 Transportation and Safety Building
511 Washington Avenue S.E.
Minneapolis, MN 55455
612-624-COPS
Fax: 612-626-0534*

INITIAL COMPLAINT FORM

Complainant's Name:

(Last) _____ (First) _____ (MI) _____

Complainant's Residential Address:

(Address/Street) _____

(City) _____ (State) _____ (Zip) _____

Complainant's contact information:

(Home phone) _____ (Cell phone) _____

(Email) _____

Witness(s) (including address and phone if available):

1. _____

2. _____

3. _____

4. _____

Date and time of incident: _____

Location of incident: _____

Person against whom complaint is made (if name is unknown give physical description and or badge/vehicle number): _____

Briefly describe your complaint:

(over)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Minnesota State Statute [609.505, Subd. 2](#) states that whoever informs, or causes information to be communicated to, a peace officer, whose responsibilities include investigating or reporting police misconduct, that a peace officer has committed an act of police misconduct, knowing that the information is false, is guilty of a crime.

Complainant's Signature: _____ Date: _____

8/2015