Personnel 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) ___________________________________

Date and time of incident: _____________________________________________________________
Location of incident: __________________________________________________________________

Person against whom complaint is made (if name is unknown give physical description):
____________________________________________________________________________________

Briefly describe your complaint:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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(Over)
Information you provide is subject to the Minnesota Government Data Practices Act. This law classifies certain information as available to the public on request.

After reading the paragraph above I hereby declare that the above and/or attached statements are correct and true.

Complainant's Signature: _______________________________ Date: _______________

Complaint Received by: _______________________________ Date: _______________