# 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. Please include as much detail as possible; 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 complaint information, visit: www.minneapolismn.gov/civilrights/policereview.

**Select Investigator Preference**: You may indicate a preference as to whether a civilian investigator from the Department of Civil Rights or sworn officer from the Minneapolis Police Department investigates your complaint. This will be taken into consideration but does not guarantee 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:

Revised 8/2016

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