

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. This form needs to be filled out completely and accurately; 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 information, visit www.minneapolismn.gov/civilrights/police-review.

Complainant Information			
Name (Last, First, Middle)		Date of Birth	Phone
Home Address Street		City/State	Zip
			Email Address
Please indicate your race(s) (check all that apply):			
<input type="checkbox"/> Asian	<input type="checkbox"/> African	<input type="checkbox"/> White	<input type="checkbox"/> Latino
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Middle Eastern
			<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Prefer Not to Respond
Please indicate your gender:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary/Non-Conforming	<input type="checkbox"/> Prefer Not to Respond
			<input type="checkbox"/> Other: _____
I AM ALLEGING:			
<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Inappropriate Language or Attitude	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Theft
<input type="checkbox"/> Harassment	<input type="checkbox"/> Failure to Provide Protection	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other
Additional Witness Information			
Witness Name(s)	Witness Email Address		Witness Phone Number
Witness Address(es)			
Incident Information			
Officer Badge Number(s)	Officer Name(s)		Squad Car Number
Case Number on Blue Card	Incident Location/Address		Incident Date & Time
Narrative – (Required) Please describe the incident with the most detail as possible; use back page if necessary. Any information provided is helpful (ex: Who? What? When? Where? Why?)			
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 10/2023

