

# PELICAN RAPIDS POLICE DEPARTMENT

## COMPLAINT FORM

- If you need assistance with completing this form for any reason please contact the Chief of Police at [prchief@pelicanrapids.com](mailto:prchief@pelicanrapids.com)
- We recognize that you may not have some of the information requested on this form. Please complete the sections using the information that you do have.
- If you have documents, audio or video recordings, or other supporting information to add to this complaint, please contact the Chief of Police to discuss submission.

<b>Agency/Agencies:</b>	
<b>Officer(s):</b>	

### COMPLAINANT

First Name	Middle Name	Last Name	
Street Address		City	State    Zip Code
Cell Phone	Alternate Phone	Email	

### WITNESS *(If more than one witness, attach additional pages)*

First Name	Middle Name	Last Name	
Street Address		City	State    Zip Code
Cell Phone	Alternate Phone	Email	

### INCIDENT

Date	Time	Location
Name(s) of Principle Officer(s) <i>(If unknown, provide a physical description)</i>		
Badge Number(s)		Squad Number(s)
Law Enforcement Agency/Agencies		Citation or Case Number

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## NOTICE

You are voluntarily filing a complaint with the Pelican Rapids Police Department. Information you provide on this form, and in later communications or proceedings, may be used by Pelican Rapids Police staff or designated investigators to process and investigate your complaint. The information you provide may also be released to others who have authority to review it, including individuals with the Minnesota POST Board, the Minnesota Attorney General's Office, the Court of Administrative Hearings, state and federal law enforcement agencies, courts, and the legislative auditor. The information may also be used for statistics. You are not required to submit this form or provide all of the information requested on the form. However, if you do not provide all of the information, we may not be able to fully investigate the claim or contact you with additional questions. We will not identify you as the complainant unless you authorize us to do so below or we are ordered to disclose your identity by a presiding judicial officer. In some cases, we will not be able to investigate your complaint if you do not authorize us to disclose your identity. In any event, the law requires the Board to share a copy of your complaint against a licensed peace officer before it commences a formal disciplinary proceeding based on your complaint. Your name and identifying information will be redacted from the complaint if you do not authorize us to identify you, however, the licensee may still be able to discern your identity based solely on the factual allegations in your complaint. Lastly, the content of your complaint will be accessible to the licensee even if the Pelican Rapids Police Department does not act on it as a matter of law.

**Do you authorize the PRPD to share your name and identifying information with the subject of your complaint? Please check Yes or No.**

**YES** I hereby authorize the PRPD to release my name as the complainant to the subject of the complaint and to any other person as necessary for purposes of furthering the underlying investigation.

**NO** I do not authorize the PRPD to release my name as the complainant. I recognize that the PRPD may not be able to investigate my complaint if I do not authorize it to disclose my identity as the complainant. I understand that the law requires the PRPD to provide the licensee with a copy of my complaint with my personal identifying information redacted even if I check the "no" box. I further acknowledge that, even with my personal information redacted, the subject of my complaint may be able to discern my identity based solely on the nature of my allegations and, in any event, that a judicial officer may order the Board to disclose my identity as the complainant without consent.

**Signature or Typed Signature of Complainant**

**Printed Name**

**Date**