WINDOM POLICE DEPARTMENT

PO BOX 38, 444 NINTH STREET
WINDOM, MN 56101

PHONE: (507)831-6134 / FAX: (507)831-1957

CITIZEN'S COMPLAINT FORM

IR #_____

COMPLAINT INFORMATION

COMPLAINANT's NAME

_____

COMPLAINANT'S ADDRESS &

_____

_____

PHONE # _____

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
NAME OF POLICE OFFICER	IF UNKNOWN-PHYSICAL DESCRIPTION	OFFICER IN UNIFORM?

SUMMARY OF COMPLAINT

(Please include all facts known to you. Were there any injuries or physical abuse? Please include the reason why you were stopped or questioned by the Officer, if applicable. Also include any witnesses' names and phone numbers.)

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I, THE UNDERSIGNED, ATTEST AND SWEAR BY MY SIGNATURE, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY STATEMENTS OR ACCUSATIONS MADE IN THIS REPORT WHICH ARE KNOWLINGLY FALSE OR UNTRUE, MAY BE CAUSE FOR CRIMINAL PROCEEDINGS TO BE INITIATED AGAINST ME.

COMPLAINANT's SIGNATURE	DATE RECEIVED:

TO THE COMPLAINANT: This complaint will be thoroughly investigated by the Chief of Police or his designee. You will receive a written notice from the Chief within 45 days of the date this form was received by you. The notice will inform you of one of the following: status of the investigation, whether an extension has been granted to allow further investigation, disposition of the complaint, findings and fact.

RECEIVING OFFICER's SIGNATURE	DATE:
BADGE NUMBER:	

DEPARTMENT USE ONLY BELOW THIS LINE

POLICE DEPT. RECEIVING THIS COMPLAINT:	DATE :	TIME RECEIVED	FORWARDED TO:

DISPOSITION:

_____ **SUSTAINED – Allegation is supported by sufficient evidence to justify a reasonable conclusion of guilt**

_____ **NOT SUSTAINED – Insufficient evidence to either prove or disprove the allegation**

_____ **EXONERATED – Incident occurred but was lawful and proper**

_____ **UNFOUNDED – Allegation is false or the action did not involve a Windom Police Dept. employee**