Print Form

Minnesota Department of Public Safety Office of Justice Programs

CRIME VICTIM JUSTICE UNIT COMPLAINT FORM

FOR OFFICE USE ONLY

CVJU CASE NUMBER

INSTRUCTIONS: PLEASE FILL OUT ALL FOUR PAGES. BE SURE TO SIGN BOTH PAGES 3 AND 4. ATTACH COPIES (NOT ORIGINALS) OF RELEVANT DOCUMENTS. RETURN FORM TO THE CVJU AT THE ADDRESS BELOW. PLEASE NOTIFY THE CVJU IF YOU CHANGE YOUR ADDRESS OR PHONE NUMBER.

Crime Victim Justice Unit
445 Minnesota Street, Suite 2300
St. Paul, MN 55101

1.800.247.0390 ext. 3 Local: 651.201.7310 Fax: 651.296.5787 TTY: 651.205.4827 www.ojp.state.mn.us

SECTION 1. VICTIM INFORMATION

Victim's Name (Last, First, & MI):			
Is the Victim Deceased? ◯ No ◯ Yes	Date of Birth (Month/Day/Year):	Gender: ◯ Female ◯ Male	
Street Address (Including Apt #):	City:	State:	Zip Code:
Home Telephone Number:	Work Telephone Number:	Cell Phone Number:	
E-mail Address:	Contact Name *(Another person we can contact to reach you):*	Contact Phone Number:	
What is the preferred contact method during the day? ◯ Home phone ◯ Cell phone ◯ Work phone ◯ Any phone ◯ E-mail ◯ N/A			

SECTION 2. PERSON MAKING COMPLAINT TO CVJU (COMPLAINANT) *(Complete only if different than above.)*

Complainant's Name (Last, First, & MI):				Date of Birth:
Street Address (Including Apt #):	City:	State:	Zip Code:	Gender: ◯ Female ◯ Male
Home Number:	Work Number:	Cell Number:	E-mail Address:	
Your relationship to the victim: *(spouse, parent, etc.)*	Contact Name *(Another person we can contact to reach you):*	Contact Phone Number:		
What is the preferred contact method during the day? ◯ Home phone ◯ Cell phone ◯ Work phone ◯ Any phone ◯ E-mail ◯ N/A				

SECTION 3. REFERRAL SOURCE

Please tell us how you learned of the Crime Victim Justice Unit.

◯ Prosecutor (County or City Attorney)	◯ Domestic Abuse Program/Shelter	◯ Hospital	◯ OJP Web Site
◯ Private Attorney	◯ Sexual Assault Program	◯ Social Services	◯ Brochure
◯ Minnesota Attorney General	◯ Victim/Witness Assistance Program	◯ Legislator	◯ TV or Radio
◯ Police	◯ Other Advocate	◯ Funeral Director	◯ Telephone Book
◯ Probation	◯ Crime Victims Reparation Board	◯ Crime Victim Services	◯ Newspaper
◯ Family/Friend		◯ Other *(please note)*	

SECTION 4. INFORMATION ABOUT THE CRIME

(The following section gives us important information about the crime; please fill out this section completely.)

Offender/suspect's name	Offender/suspect's date of birth:	Relationship between victim and offender: ◯ Current/Former Spouse or ◯ Stranger ◯ Boyfriend/Girlfriend ◯ Friend ◯ Parents/Step-Parent ◯ Other *(describe)* ◯ Other Relative _____

Police/sheriff's dept. crime reported to:	Police/sheriff case number:	Investigating officer's name:

Date of the offense:	City in which crime occurred:	County in which crime occurred:

SECTION 5. INFORMATION ABOUT YOUR COMPLAINT

What agency or organization do you have a complaint against? _____

Is your complaint against a specific person in that agency or organization? ◯ Yes ◯ No

If yes, please specify: _____

Did you receive a *Notice of Crime Victim Rights* card or information about victim rights at the time of the incident?

◯ Yes ◯ No ◯ Don't Recall At a later time? ◯ Yes ◯ No ◯ Don't Recall

Have you spoken to an advocate? ◯ Yes ◯ No If so, whom? _____

Name of advocate's agency: _____

Please identify the problem you had with the person or agency you are complaining about.
(**You will have a chance to describe your situation in detail on page 3.)**

☐ I did not get proper notice or information about the case.
Please describe: _____

☐ I did not have a chance to participate in the case (for example, attend a hearing or give a victim impact statement).
Please describe: _____

☐ I do not agree with the decision or actions taken.
Please describe: _____

☐ I feel that the investigation or prosecution of my case was not handled properly.
Please describe: _____

☐ I feel that I was treated inappropriately.
Please describe: _____

☐ Other:
Please describe: _____

Please list names and phone numbers of other professional contacts related to the case:

Name	Organization/agency	Telephone

SECTION 6. STATEMENT OF COMPLAINT

Please provide as much detailed information about the crime and your complaint as possible.
(Use additional paper if necessary.)

Check here if your statement continues on attached pages ☐

I certify that the information set forth herein is true and correct.

Signature: _____ Date: _____

PLEASE READ AND SIGN THE NEXT PAGE.

SECTION 7. TENNESSEN WARNING AND CONSENT TO INVESTIGATE

TENNESSEN WARNING

The CVJU has requested the data on this form in order to conduct an investigation of your complaint.

You are not legally required to provide the CVJU the information on the complaint form. However, the CVJU cannot conduct an investigation of your complaint unless the complaint form is completed, signed, and submitted.

In order to conduct the investigation, the CVJU will contact the agency and/or individual you are complaining about. In addition, in order to investigate your complaint, the CVJU may need to contact other agencies and individuals who have information about the underlying criminal matter or about your complaint. In those contacts with agencies and/or individuals, the following information will be revealed: (1) your name, (2) the fact that you have filed a complaint with the CVJU, and (3) the nature of your complaint.

By signing this form, you are giving your consent to the CVJU to disclose this information to the agencies or individuals you are complaining about or who have information relevant to your complaint. Information regarding your complaint will be disclosed only to the extent necessary to conduct this investigation.

CONSENT TO INVESTIGATION:

I understand that upon receipt of this form, the Crime Victim Justice Unit will conduct an investigation into matters relevant to this complaint, and I hereby consent to such investigation. This authorization is valid until the CVJU investigation is completed or three years from this date, whichever is sooner.

I certify that I have read and understand all of the statements above.

_____ _____

Signature of Complainant Date

Print Form

MINNESOTA DATA PRACTICES

During the investigation by the CVJU, all information in the CVJU files is considered confidential. At the conclusion of the investigation, information in the CVJU files is considered private. If the CVJU receives confidential information during its investigation, the information retains that classification even after the investigation has concluded.

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