



Minnesota Board of Peace Officer Standards and Training

1600 University Avenue
Suite 200
Saint Paul, MN 55104-3825
(651) 643-3060
Fax (651) 643-3072

COMPLAINT FORM

Complainant's Name: _____

Complainant's Address: _____

City, State, Zip Code: _____

Telephone Number: _____
(DAYTIME) (EVENING)

Witness Name: _____

Witness Address: _____

City, State, Zip Code: _____

Witness Name: _____

Witness Address: _____

City, State, Zip Code: _____

Date of Occurrence: _____ Time of Occurrence: _____

Place of Occurrence: _____

Principle Officer: (If unknown, Physical Description) _____

Badge Number: _____ Squad Number: _____

Citation or Case Number: _____

SIGNATURE: _____ **DATE:** _____

