



# Minnesota Board of Peace Officer Standards and Training

1600 University Avenue, Suite 200  
Saint Paul, MN 55104-3825  
(651) 643-3060  
www.post.state.mn.us

## Special Committee on POST Complaint Processes MEETING AGENDA 1600 University Avenue, Suite 200 Saint Paul, Minnesota August 25, 2021 9:00 a.m.

**This meeting will be held online. A link to observe the meeting will be on the POST website prior to the meeting.**

1. Call to Order
2. Approval of the Agenda **ACTION**
3. Approval of Minutes from July 28, 2021 meeting **ACTION**
4. Review of feedback from EPEICR Advisory Council regarding complaint process and complaint form and next steps **DISCUSSION**
5. Round Table
6. Adjournment

**MINNESOTA BOARD OF  
PEACE OFFICER STANDARDS AND TRAINING**

**Special Committee on POST Complaint Process  
POST Board Office  
Electronic Meeting VIA Microsoft Teams  
July 28, 2021**

**Members Present**

Justin Page  
Liz Richards  
Shelly Schaefer  
Justin Terrell  
Jim Yang

**Staff Present**

Erik Misselt  
Abby Brown  
Angie Rohow  
Andy Burth  
Mike Monsrud

Invitation to listen to the live meeting  
was listed on the website.

**Call to Order:** Director Misselt called the meeting to order at 9:01 am.

**Approval of the Agenda:** The meeting was approved through a voice vote.

**Approval of the July 1, 2021 Meeting Minutes:** Director Misselt looked for a motion to approve the minutes. The minutes were approved by a voice vote.

**Final Draft of Complaint Process and Complaint Form Update:** The Complaint Process as sent out with agenda was discussed. Director Misselt will make the adjustments to the attached draft of the Complaint Process as discussed. The Standards Coordinators will adjust the Complaint Worksheet to make sure that it is clear what the Board has jurisdiction over. Director Misselt will forward the finalized documents to this Committee as requested. The proposed documents will be presented to the Advisory Council as well as the Complaint Investigative Committee prior to being sent to the Full Board for approval.

The meeting was adjourned at 10:05 am. The foregoing minutes were approved by the Board of Peace Officer Standards and Training when it met on August 25, 2021.



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## COMPLAINT ADVISORY

The POST Board's authority to impose discipline on a peace officer's license is limited by Minnesota Statutes [626.8431](#), [626.8432](#), and [626.845](#). These statutes provide that the POST Board may take action against the license of a peace officer who has:

- 1) been convicted of a felony;
- 2) obtained a license by fraud or misrepresentation;
- 3) failed to meet licensure requirements;
- 4) committed a violation of the standards of conduct set forth in Minnesota Rule [6700.1600](#);
- 5) failed in his/her duties as the **Chief Law Enforcement Officer** to implement and enforce legislatively [mandated policies](#).

**Violation of any of the following standards of conduct by a licensee constitutes grounds for disciplinary action. Check any that apply to your complaint.**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Obtaining a license from the Board by fraud or cheating, or attempting to subvert the examination process.   |
| <input type="checkbox"/> | Being convicted of a felony or gross misdemeanor in this state, or in any other state or federal jurisdiction.   |
| <input type="checkbox"/> | Having been the subject of revocation, suspension, or surrender of a peace officer license or certificate by another jurisdiction.   |
| <input type="checkbox"/> | Failing to report the revocation, suspension, or surrender of a license or certificate by another jurisdiction.  |
| <input type="checkbox"/> | Being convicted of a state or federal narcotic or controlled substance law.  |
| <input type="checkbox"/> | Being adjudicated by a court in this or any other state as incapacitated, lacking the capacity to serve as a peace officer, chemically dependent, mentally ill and dangerous to the public, having a psychopathic personality, or required to register as a predatory offender.  |
| <input type="checkbox"/> | Violating any order issued by the Board  |
| <input type="checkbox"/> | Practicing law enforcement duties without a license.   |
| <input type="checkbox"/> | Making an intentional false statement or misrepresentation to the Board.   |
| <input type="checkbox"/> | Engaging in sexual penetration or contact without consent as defined in MSS 609.341 to 609.3451; or engaging in conduct that violates MSS 617.23 (Indecent Exposure)   |
| <input type="checkbox"/> | Being convicted of: DWI, Violation of an Order for Protection, Assault, Domestic Assault, Mistreatment of Persons Confined, Mistreatment of Residents or Patients, Criminal Sexual Conduct, Misconduct of a Public Officer or Employee, Presenting False Claims to Public Officer or Body, Medical Assistance Fraud, Theft, Receiving Stolen Property, Violation of a Restraining Order, or Failure to Report Maltreatment of Vulnerable Adults. |
| <input type="checkbox"/> | Failing to cooperate with an investigation of the Board.   |
| <input type="checkbox"/> | Engaging in sexual harassment as defined by MSS 363A.03, subdivision 43.   |
| <input type="checkbox"/> | Using deadly force when not authorized by MSS 609.066.   |
| <input type="checkbox"/> | Being convicted of solicitation, inducement or promotion of prostitution.  |
| <input type="checkbox"/> | <b>Breaches a duty established by MSS 626.8475 (Duty to Intercede and Report)</b>  |



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## COMPLAINT FORM

Please contact our office:

- *If you are disabled and need assistance with completing this form;*
- *To discuss accepted formats if you have documents, audio or video recordings or other supporting information that you would like to add to this complaint.*

|                            |  |
|----------------------------|--|
| <b>Officer(s):</b>         |  |
| <b>Agency or Agencies:</b> |  |

### COMPLAINANT

|                 |             |                  |
|-----------------|-------------|------------------|
| First Name      | Middle Name | Last Name        |
|                 |             |                  |
| Street Address  | City        | State / Zip Code |
|                 |             |                  |
| Cellular Number | Home Number | Email            |
|                 |             |                  |

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

|                 |             |                  |
|-----------------|-------------|------------------|
| First Name      | Middle Name | Last Name        |
|                 |             |                  |
| Street Address  | City        | State / Zip Code |
|                 |             |                  |
| Cellular Number | Home Number | Email            |
|                 |             |                  |

### INCIDENT

|   |                         |          |
|---|-------------------------|----------|
| Date  | Time                    | Location |
|   |                         |          |
| Name(s) of Principle Officer(s), if unknown, provide a physical description |                         |          |
|   |                         |          |
| Badge Number(s)   | Squad Number(s)         |          |
|   |                         |          |
| Law Enforcement Agency or Agencies  | Citation or Case Number |          |
|   |                         |          |

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUMMARY OF ALLEGED MISCONDUCT**

This should be completed by the complainant and signed. Include all relevant information, i.e., the reason you had contact with the law enforcement officer(s), and a narrative of the events. Include an explanation if you believe misconduct has occurred. If needed, you may include additional pages. Include copies of any supporting documents you may have. Please sign and date all pages.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_