

Polk County Sheriff's Office
600 Bruce Street – Crookston, MN 56716
218-281-0431

Citizens Complaint Form

1. Date Received: _____ Time Received: _____

2. Date of Occurrence: _____ Time of Occurrence: _____

3. Place of Occurrence: _____

4. Deputy(s) Name(s), Badge Number(s), or Description(s) of who were involved in the alleged misconduct: _____

5. Complainant Information:

A. Name: _____

B. Street Address: _____

C. City, State and Zip: _____

D. Telephone: _____

(Home)

(Work)

(Cell)

6. Witnesses:

A. Name: _____

B. Street Address: _____

C. City, State and Zip: _____

D. Telephone: _____

(Home)

(Work)

(Cell)

(Use the back side for further witness information if necessary)

7. Name of Officer receiving the complaint: _____

8. Summary of alleged misconduct. This must be completed by the complainant and signed. Include all relevant information: the reason you had contact with the officer and a narrative of the event(s). Did you suffer any physical injuries, are there photos, did you see a physician or go to the hospital? If necessary, include a release of medical information. _____

(Use the back side or add pages if necessary).

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9. Signature of the Complainant: _____

10. Date of Signature: _____

11. Signature of the Officer receiving the complaint: _____

12. Date of Signature: _____

This complaint filed against a Deputy from the Sheriff's Office shall be reviewed by the Sheriff and handled per Sheriff's Office's Policy. A copy of that policy will be provided upon request.