



Hermantown Police Department Commendation / Complaint Form

5111 Maple Grove Road

Hermantown, MN 55811

www.hermantownmn.com

Office Use Only:

IA#: _____

Initials: _____

Date: _____

Instructions: If you would like to praise an Hermantown Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Hermantown Police Department at the address given at the top of this page.

I wish to file a (please check one):

☐ **Commendation**

☐ **Complaint**

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):

☐ **Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

☐ **Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

Information about you

LAST NAME		FIRST NAME		M.I.		DATE OF BIRTH	
STREET and APT #		CITY		STATE		ZIP	
HOME PHONE		WORK PHONE		CELL PHONE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	

Are you filing this on behalf of someone else? ☐ Yes ☐ No *If yes, then complete this section.*

WHAT IS HIS/HER LAST NAME?		FIRST NAME		AGE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
STREET and APT #		CITY		STATE		ZIP	
WHAT IS HIS/HER RELATIONSHIP TO YOU?		HOME PHONE		WORK / CELL PHONE			

Information about the incident

LOCATION OR ADDRESS OF INCIDENT		DATE OF INCIDENT		TIME OF INCIDENT AM/PM			
WITNESS LAST NAME		FIRST NAME		AGE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
WITNESS ADDRESS		CITY		STATE		PHONE	
NAME OF ID# OF OFFICER OR EMPLOYEE		NAME OF ID# OF OFFICER OR EMPLOYEE					

Nature of action: Check all that apply and briefly describe what happened on a separate sheet of paper (date & sign it)

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department procedures or tactics
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

I attest that the above information and my statement is true and correct to the best of my recollection.

Signature: _____

Date: _____

☐ The citizen has received a copy of this page and a *Commendation/Complaint Brochure*.

Employee's ID#



Hermantown Police Department Commendation / Complaint Form Narrative

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Hermantown, MN 55811
www.hermantownmn.com

Office Use Only:

IA#: _____

Initials: _____

Date: _____

Instructions: Briefly describe the incident.

I attest that the above information and my statement is true and correct to the best of my recollection.

Signature: _____

Date: _____

