

Twin Valley Police Department Citizen Complaint Form

CITIZEN COMPLAINT FORM

The Twin Valley Police Department expects its employees to serve with respect, integrity and professionalism. It is our policy to investigate all allegations of misconduct concerning our employees. If you wish to express a concern or file a complaint, please complete the following information and sign the form.

Your Information:				
Name				
Street Address				
City	State	Zip	Home phone	
Work phone	Mobile phone	Email		
Incident Information	า:			
Date	Time	Location		
Case Number (If known)		Officer Name or Badge # (If known)		
Complaint: Please provide the details of your complaint. List any other witnesses and/or persons involved. If needed, use the back of this form or other sheets of paper.				

To the best of my knowledge, the information I have provided is true and factual (false reports may result in criminal charges).			
Signature:	Date:		
Return the completed form to:			
	Chief of Police		

Twin Valley Police Dept. PO Box 28 Twin Valley, MN 56584 218-584-5444