



Employee Citizen Complaint Policy and Procedure Form

Date of Complaint: _____

Complaint Name: _____

Address: _____ Phone# _____

Date of Alleged Misconduct: _____

Respondents Name: _____

Department: _____

Summary of Allegations (Additional paper can be used if necessary to describe):

Name and Address of Witnesses: _____

Signature of Complainant

State of Minnesota)

County of Morrison)

On this _____ day of _____, 2025, before me, a Notary Public, within and for said County, personally

appeared _____ to me known to be the person described as Complainant.

Notary

Date Received: _____

Directed to: _____

Pat O'Regan, Mayor
