Elko New Market Police Department

Brady Juell
Chief of Police
Director of Emergency Management

CITIZEN COMPLAINT FORM

Internal Complaint Number: _____
Date/Time of Incident: _____Location:_____

Principal Officer(s) (if unknown add physical description/vehicle number/badge/Citation number):_____

Describe the complaint below – provide detailed description of complaint:

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(Use the back of form if more space is needed)

Complainant name: (print)_____
Complainant Address: _____
Complainant Phone number:_____

(By signing this complaint, you are swearing that the above complaint is true and accurate. Filing a known false complaint against a police officer in the State of Minnesota is a crime.)

Complainant Signature:_____ Date:_____
Time:_____

INTERNAL USE ONLY

Received By _____Date:_____ Time:_____

601 Main Street, P.O. Box 99, Elko New Market, MN 55020-0099
Phone: 952-461-6068 Fax: 952-461-6067 Email: Police@ci.enm.mn.us