



PERSONNEL COMPLAINT FORM

City of Inver Grove Heights Police Department
8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525 Fax (651) 450-2543

It is the policy of the Inver Grove Heights Police Department that any person who believes a member of the Inver Grove Heights Police Department has acted improperly may bring a complaint to the attention of the Chief of Police pursuant to the following procedure.

The Department seeks to ensure that department members perform their duties with professionalism. Honest feedback is essential to maintaining a police department that is trustworthy and responsive to the communities it serves. It is therefore crucial that truthfulness is maintained in the filing and investigation of complaints against the police.

The completion of this form is the first step in the complaint process. This form needs to be filled out completely and accurately; attach additional pages if necessary.

Please return to the address at the top. It can also be emailed to: IGHPDfeedback@ighmn.gov

INCIDENT INFORMATION			
Location of Occurrence:		Date/Time Occurred:	Related Report #:
COMPLAINANT INFORMATION			
Name (Full First, Middle, Last):			Date of Birth:
Residential Street Address:		City:	State: Zip Code:
Phone Number:		Email Address:	
Did an Arrest Occur:	Not Applicable Yes	Did an Injury Occur:	Not Applicable Yes
INTERNAL COMPLAINANT			
Department Member Name:		Badge # (if applicable):	
DEPARTMENT MEMBER OF ISSUE			
Department Member Name:		Badge # (if applicable):	Squad # (if applicable):
ADDITIONAL DEPARTMENT MEMBER INVOLVED/PRESENT: IF KNOWN (please copy form as needed)			
WITNESSES: IF KNOWN (please copy form as needed)			
Name (Full First, Middle, Last):			Date of Birth:
Residential Street Address:		City:	State: Zip Code:
Phone Number:		Email Address:	

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Please describe the incident in detail, include all relevant information such as the reason you had contact with the department member and a narrative of the event(s). Please include an explanation if you believe misconduct occurred. If needed you may include additional pages. Include copies of any supporting documents you may have. Please sign and date additional pages.

SUMMARY OF COMPLAINT

[Empty box for summary of complaint]

CERTIFICATION OF INFORMATION

I hereby certify that the information in this complaint is true and accurate to the best of my knowledge and belief. I understand that this is the first step to initiating an investigation and that I may be requested to give a tape-recorded statement to further detail the complaint.

Signature _____ Date _____