



# Proctor Police Department Commendation / Complaint Form

100 Pionk Dr, Ste. 101

Proctor, MN 55810

www.proctormn.gov

email: proctorpolice@proctormn.gov

Office Use Only:

IA#: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Instructions:** If you would like to praise a Proctor 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 emailing, mailing or returning it to the Proctor 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**

**Check if Filing Anonymously**

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE		SEX MALE      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 MALE      FEMALE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
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 MALE      FEMALE
WITNESS ADDRESS	CITY	STATE	PHONE
NAME OR BADGE# OF OFFICER OR EMPLOYEE	NAME OR BADGE# 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)

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

\_\_\_\_\_  
Officer's Badge#