



Police Department

WINSTED POLICE DEPARTMENT
201 First Street North
PO Box 126
Winsted, MN 55395
320-485-2600

CITIZEN’S COMPLAINT FORM

Dear Citizen –

I take all allegations of misconduct by our Police Officers seriously. I will review your complaint thoroughly and I will handle this matter in a professional manner ensuring continuing trust between the Winsted Police Department and the public. If the allegations list in the complaint form are proven, I will handle the corrective measures in a timely manner. Unfortunately, complaints have been made with malice intent and have been proven to be false, and therefore I feel it is necessary to inform you that according to **MN Statute 609.505 Subd. 2, Reporting Police Misconduct**, it is a crime to make a report of police misconduct knowing that the information is false.

Citizen’s Name – Last, First, Middle

Administrative Case Number

Citizen’s Street Address

Location of Incident

Citizen’s City, State and Zip

Date and Time of Incident

(H) _____ (W) _____
Citizen’s Phone Number

Date and Time of Form Completed

Citizen’s Signature

Staff Member Taking Complaint

Complaint Narrative (please type or print)

Page ____ of ____