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MINNEAPOLIS PARK POLICE CONDUCT INCIDENT REPORT FORM

Use this form to file a complaint against a Minneapolis Park Police Officer. Print and fill it out completely. Forwarding this form <u>initiates</u> the complaint process. Forward the completed form to the **Minneapolis Park Police Department, Internal Affairs Unit, 2117 W River Rd N, Minneapolis, MN 55411.** You will be contacted <u>within five business days</u> by an investigator upon receipt of your complaint. Please check the appropriate box above the signature line.

NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH		
HOME ADDRESS (STREET, CITY, STATE, ZIP)					
HOME PHONE WORK PHO	NE	CELL PHONE	PAGER	PAGER	
INCIDENT CASE NUMBER (IF KNOWN)		INCIDENT DATE/TIME			
INCIDENT LOCATION (PLEASE BE AS SPECIFIC AS PO	PSSIBLE)				
OFFICER BADGE NUMBER(S)	OFFICER NAME (S)			SQUAD NUMBER	
WITNESS NAME (S)	ADDRESS			PHONE NUMBER	
NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DE	TAIL				
REFERRED TO					
-				To letter services	
COMPLAINANT SIGNATURE			DATE/TIME		
RECEIVED BY			DATE/TIME		