

UNIVERSITY OF MINNESOTA

Duluth Campus

University Police

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INITIAL COMPLAINT FORM

Complainant's Name:

(Last) _____ (First) _____ (MI) _____

Complainant's Residential Address:

(Address/Street) _____

(City) _____ (State) _____ (Zip) _____

Complainant's contact information:

(Home phone) _____ (Cell phone) _____

(Email) _____

Witness(s) (including address and phone if available):

1. _____

2. _____

3. _____

4. _____

Date and time of incident: _____

Location of incident: _____

Person against whom complaint is made (if name is unknown give physical description and or badge/vehicle number): _____

Briefly describe your complaint:

(over)

(continuation):

Information you provide is subject to the Minnesota Government Data Practices Act. This law classifies certain information as available to the public on request.

Minnesota State Statute [609.505, Subd. 2](#) states that whoever informs, or causes information to be communicated to, a peace officer, whose responsibilities include investigating or reporting police misconduct, that a peace officer has committed an act of police misconduct, knowing that the information is false, is guilty of a crime.

After reading the paragraph above I hereby declare that the above and/or attached statements are correct and true.

Complainant's Signature: _____ Date: _____

Complaint Received by: _____ Date: _____