



# BECKER COUNTY SHERIFF'S OFFICE

*Todd Glander • Sheriff*

OFFICE: 925 Lake Avenue  
Detroit Lakes, MN 56501  
Phone 218-847-2661 • Fax 218-847-1604

JAIL: 1428 Stony Road  
Detroit Lakes, MN 56501  
Phone 218-847-2939 • Fax 218-846-2580

## Citizen Complaint Form

Complainant's Name: \_\_\_\_\_  
Complainant's Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Witness (1) Name: \_\_\_\_\_  
Witness (1) Address: \_\_\_\_\_  
Witness (1) City, State, Zip Code: \_\_\_\_\_  
Witness (2) Name: \_\_\_\_\_  
Witness (2) Address: \_\_\_\_\_  
Witness (2) City, State, Zip Code: \_\_\_\_\_  
Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_  
Place of Occurrence: \_\_\_\_\_  
Principle Officer(s) If unknown, physical description: \_\_\_\_\_

Badge Number: \_\_\_\_\_ Squad Number: \_\_\_\_\_  
Citation or Case Number: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Summary of Alleged Misconduct:** this should be completed by the complainant and signed. Include all relevant information: the reason you had contact with the law enforcement officer(s), and a narrative of the events. Include an explanation if you believe misconduct has occurred. Include any supporting documents you may have. If you need additional room, please see the next page.

**Please sign and date all pages stating the information you are providing is true and correct to the best of your knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Summary of Alleged Misconduct (Continued):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_