# 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**.

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_____

**Signature: _____ Date: _____**

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**Summary of Alleged Misconduct (Continued):** _____

_____

**Signature:** _____ **Date:** _____