

BECKER COUNTY SHERIFF'S OFFICE

Todd Glander • Sheriff

P.O. Box 702 • Detroit Lakes, MN 56502-0702 218-847-2661 • Fax 218-847-1604

CITIZEN COMPLAINT FORM

Complainant's Name:
Complainant's Address:
City, State, Zip Code:
Telephone Number:
(DAYTIME) (EVENING)
Witness Name:
Witness Address:
City, State, Zip Code:
Witness Name:
Witness Address:
City, State, Zip Code:
Date of Occurrence:Time of Occurrence:
Place of Occurrence:
Place of Occurrence: Principle Officer: (If unknown, Physical Description)
Dealers Neuralism
Badge Number: Squad Number:
Badge Number: Squad Number: Squad Number:
Badge Number: Squad Number: Citation or Case Number: DATE:
Badge Number: Squad Number: Citation or Case Number: DATE: DATE: DATE: SIGNATURE: DATE:
Citation or Case Number: SIGNATURE: DATE: SUMMARY OF ALLEGED MISCONDUCT: This should be completed by the complainan 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. If needed, you may include additional pages. Include copies of
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