



# Robbinsdale Police Department

## Citizen Complaint & Performance Inquiry

The Robbinsdale Police Department expects its employees to serve with respect, integrity and professionalism. It is our policy to investigate all complaints concerning our employees and support citizens to report legitimate complaints, inquiries, and concerns regarding the performance of our employees.

Date of Report:	Time of Report:	Case No (If Applicable):
Date of Incident:	Time of Incident:	Day of Incident:
Incident Location:	Nature of Complaint / Performance Inquiry:	

Complainant:		Date of Birth:	
Address:	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	
Work Phone:	Email:		

Witness Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	
Work Phone:	Email:		

Details of Incident:
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Details of Incident Continued:

Involved Personnel: (Name or physical description, badge number, car number, etc)

To the best of my knowledge, the information I have provided on this form is true and factual.

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

**Minnesota State Statute 609.505 (2). Reporting Police Misconduct.**

- (a) Whoever informs, or causes information to be communicated to, a peace officer, whose responsibilities include investigating or reporting police misconduct, that a peace officer, as defined in section 626.84 (1), paragraph (c), has committed an act of police misconduct, knowing that the information is false, is guilty of a crime and may be sentenced as follows: (1) up to the maximum provided for a misdemeanor if the false information does not allege a criminal act; or (2) up to the maximum provided for a gross misdemeanor if the false information alleges a criminal act.
- (b) The court shall order any person convicted of a violation of this subdivision to make full restitution of all reasonable expenses incurred in the investigation of the false allegation unless the court makes a specific written finding that restitution would be inappropriate under the circumstances. A restitution award may not exceed \$3,000.

Officer Receiving Complaint:

Badge Number:

**ADMINISTRATIVE USE ONLY**

Reviewed by:

Date Reviewed:

Inquiry Number:

Referred to:

Action Taken:

Disposition: