# NEW PRAGUE POLICE DEPARTMENT PERSONNEL COMPLAINT FORM

*Instructions:* Please complete this form thoroughly. Incomplete or anonymous submissions may limit our ability to investigate. All information will be handled per department policy and applicable laws.

## CITIZEN INFORMATION

CHECK THIS BOX IF THE CITIZEN REQUESTS TO REMAIN ANONYMOUS ☐

| CITIZEN'S NAME: | DOB: | PHONE NUMBER: |
|---|---|---|
| | | |

| ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, & ZIP CODE): |
|---|
| |

| EMAIL ADDRESS: | PREFERRED METHOD OF CONTACT: |
|---|---|
| | PHONE ☐ EMAIL ☐ MAIL ☐ |

## EMPLOYEE INFORMATION

ON DUTY ☐ OFF DUTY ☐

| NAME: | TITLE | BADGE #: |
|---|---|---|
| | | |

## INCIDENT INFORMATION

| DATE AND TIME OF INCIDENT: | LOCATION OF INCIDENT: | INCIDENT NUMBER (IF KNOWN): |
|---|---|---|
| | | |

| WITNESSES (NAME AND CONTACT INFO): |
|---|
| |

*Provide a detailed account of the incident, including who was involved and what took place. If additional space is needed, please attach extra pages. Please describe any supporting documents. Knowingly making a false complaint against a peace officer could result in charges under MN Statute 609.505, Subdivision 2.*

## DESCRIPTION OF COMPLAINT

SUPPORTING MATERIAL: VIDEO ☐ PHOTOS ☐ DOCUMENTS ☐ OTHER ☐

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By submitting this form, I certify that the information provided is accurate to the best of my knowledge. I understand this may initiate a formal investigation and that I may be contacted for further details.

**SIGNATURE:** _____ **DATE:** _____