

**Roseville Police Department
COMPLAINT FORM**



Your Information:

Name				Email					
Address									
City				State			Zip		
Home Phone			Work Phone			Mobile Phone			

Incident Information:

Incident Date and Time	Incident Location	Incident Number (if known)
Employee Name	Additional Employee Name	Additional Employee Name
Witness Name	Witness Address	Witness Phone Number
Witness Name	Witness Address	Witness Phone Number

Describe Basis for Complaint (attach additional sheets if necessary)

Before an investigation can begin, state law requires that a signed, written complaint be completed.

Signature	Date
-----------	------

If you have questions, call the Roseville Police Department at 651-792-7008

Roseville Police Department
COMPLAINT FORM INFORMATION

Written & Signed Complaints

If you believe a Roseville Police Department employee has acted inappropriately, you are encouraged to notify the Department. Please provide a detailed account of the incident, including the location, date, time, your telephone number, and the names and addresses of any known witnesses. If needed, feel free to attach additional pages to this form. Be sure to include as much detail as possible about any conversations you or others had with the employee(s), as well as any actions taken by the employee(s). Clearly describe what you believe was improper about their behavior.

You may return completed forms to the Police Department in person, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

Alternatively, you can mail the form to:

Complaints Investigator

Roseville Police Department
2660 Civic Center Drive
Roseville, Minnesota 55113

The Complaint Process

Once your completed form is received, your complaint will be assigned to a supervisor for investigation. Please allow four to six weeks for the investigation to be completed. You will be notified of the outcome by letter.

Anonymous Complaints

The Roseville Police Department discourages anonymous complaints because they are challenging to investigate.