

**AITKIN POLICE DEPARTMENT  
COMPLAINT FORM**

Complaint#: \_\_\_\_\_  
Person taking complaint: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Intentionally making a false accusation may result in criminal and / or civil charges  
Subject of complaint may have access to this form.**

**You are being asked to provide information pursuant to an administrative investigation conducted by the Aitkin Police Department. The information you provide is government data in accordance with Chapter 13 of Minnesota State Law, the Government Data Practices Act. You are not required by law to provide information. Your refusal to do so will substantially impair the Department's ability to conduct a full and proper investigation. The information you provide is classified as "public", "private" or "confidential" pursuant to the Government Data Practices Act. Access to this information can include the subject(s) of the administrative investigator or anyone they give appropriate authority to.**

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Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Subject of Complaint: (employee's name(s)) \_\_\_\_\_  
Narrative Details of Incident: (use additional sheet if needed)

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Your name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List any witnesses, their addresses and telephone number. Return completed form, along with any supportive Evidence to the Aitkin Police Department.

Investigation completed by: \_\_\_\_\_  
Result of investigation: \_\_\_\_\_  
Action taken: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

