

POLICE CONDUCT COMPLAINT FORM

Worthington Police Department
1530 Airport Rd, Ste 300
Worthington MN 56187
(507) 295-5400

The completion of this form is the first step in the complaint process. This form needs to be filled out completely and accurately; attach additional pages if necessary. Sign and date the bottom, and return the form to the address at the top of this form.

Name (Last, First, Middle)		Date of Birth	Phone	
Home Address Street	City/State	Zip	Email Address	
Please indicate your race(s):				
<input type="checkbox"/> Asian	<input type="checkbox"/> African	<input type="checkbox"/> White	<input type="checkbox"/> Latino	<input type="checkbox"/> Other
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Refused
I AM ALLEGING:				
<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Inappropriate Language or Attitude	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Theft	
<input type="checkbox"/> Harassment	<input type="checkbox"/> Failure to Provide Protection	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other	
Officer Badge Number(s)	Officer Name(s)	Squad Number		
Case Number	Incident Location/Address	Incident Date & Time		
Witness Name(s)	Address	Phone Number		
Narrative – Please describe the incident in detail; use back page if necessary.				
Please be advised that Minnesota law (Minn. Stat. § 609.505) makes it a criminal offense to make a knowingly false and defamatory report of police officer misconduct.				
Complainant Signature		Date & Time		

Case Number:

