



Duluth Police Department

CITIZEN COMPLAINT REPORT

Written & Signed Complaints

The Duluth Police Department is committed to maintaining integrity, discipline, and a relationship with the community of trust and confidence.

If you believe an employee of the Duluth Police Department has behaved in an inappropriate manner you are encouraged to inform the Department. Frequently, complaints and concerns can be handled without filing a “formal” complaint. If you would like to make a concern or complaint known to the department without filing a written complaint, you may contact the Watch Commander by:

- Calling 218-730-5020 during normal business hours, or leave a message outside normal business hours.
- Coming to the police department at the address below. If it is outside normal business hours and city hall is closed, you can call 911 from the phone in the entry and ask to speak to the Watch Commander

If you decide you would like to file a written complaint, please complete this form fully and accurately. When describing the incident, write down a detailed account as you remember it. Include the location, date, time, and telephone number, and the names and addresses of other known witnesses. If known, give the name(s) of the officer(s) involved. If you do not know the officer’s name(s), use the narrative section to describe the officer(s) in as much detail as you can remember. If necessary, attach any additional sheets to this form. It’s also important that you include as much as you remember of any conversation you or others had with the officer(s) or any actions taken by the officer(s). Describe in detail what you feel the officer(s) or any police department employee did that was not proper. Before an investigation can begin, state law requires that a signed, written complaint be completed; therefore, sign the form in the area marked “Citizen Signature.”

When you have completed the Complaint form, either bring it to the police department, Monday through Friday, 8:00 a.m. to 6:00 p.m. or mail it to:

**Complaints Investigator
c/o Chief of Police
Duluth Police Department
2030 North Arlington Avenue
Duluth, MN 55811**

Upon receipt of your completed form, your complaint will be investigated. Upon completion of the investigation, a “Finding of Fact” will be determined. Please allow four to six weeks for the investigation process to be completed. You will be notified by letter with the disposition of your complaint.



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The Mission of the Duluth Police Department is to provide the highest level of service through partnerships and problem solving in a professional, ethical, and timely manner.

Citizen Information (person reporting complaint)

Citizen Name	Home Phone	Other Phone
Address (Include Street Address, City, State and Zip code)		

Complaint Information

Incident Date and Time	Incident Location	Case Number (If Known)
Employee Name (Badge number if known)	Additional Employee Name (If Applicable)	Additional Employee Name (If Applicable)
Witness Name	Witness Address	Witness Phone number
Witness Name	Witness Address	Witness Phone number
Describe Basis for Complaint (attach additional sheets if necessary)		
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Please tell us how you would like to see your complaint resolved		
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Acknowledgement

The Duluth Police Department strives to address citizen complaints and concerns regarding the actions of our employees. In this way, we can provide a better relationship between the Duluth Police Department and the citizens of this community. However, frivolous or malicious complaints do nothing to enhance this relationship and create unnecessary hardship for our employees. Therefore, complainants must provide truthful and accurate information to the best of their ability.	
By signing below, I acknowledge that I am aware that it is a crime under Minnesota State Statute 609.505 (2) to falsely report an act of police misconduct. I certify that the foregoing information is truthful and accurate to the best of my knowledge.	
Citizen Signature	Date

Receipt and Disposition Information (to be completed by Police)

Employee Receiving Report	Date/Time Received	Referred to
Date Formal Complaint Initiated	Complaint Number	Final Disposition Date
Case Number		

