Isanti Police Department

901 East Dual Blvd NE, Isanti, MN 55040
PH: (763) 444-4761

Complaint Against an Officer

Return to: Chief Muyres – tmuyres@cityofisanti.us

Complainant's Name: _____

Complainant's Address: _____

Phone Number: _____

Witness Name: _____

Witness Address: _____

Witness Name: _____

Witness Address: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Officer Involved (if unknown, physical description): _____

_____

_____

_____

Badge Number: _____ Squad Number: _____

Signature: _____ Date: _____

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SUMMARY OF ALLEGED MISCONDUCT: This should be completed by the complainant and signed. Include all relevant information: The reason you had contact with the law enforcement officer(s), and a narrative of the events. Include an explanation if you believe misconduct has occurred. If needed, you may include additional pages. Include copies of any supporting documents you may have. Please sign and date all pages.

SIGNATURE: _____ DATE: _____