



# West Hennepin Public Safety Department Personnel / Officer Complaint Form

## Instructions

- You may file a complaint in person, by mail, or electronically.
- While we encourage complainants to provide contact information (to allow for follow-up), anonymous complaints will be accepted and investigated to the extent possible.
- Please be as detailed and specific as possible. Attach additional pages if necessary.
- If you have audio, video, or documentary evidence, please note it in the “Additional Evidence” section or attach it when submitting this form.

## 1. Complainant Information

*(You are not legally required to provide identifying information, but doing so helps in the investigation and follow-up.)*

Full name (First, Middle, Last)			Date of Birth	
Street address		City	State	Zip
Cell Phone	Home Phone	Work Phone	Other Phone	
Email				

## 2. Incident Information

Date of Incident	Time of Incident	Location of Incident
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## 3. Officer(s)/Employee(s) Involved (if known)

Officer/Employee Name or Description	Badge No	Vehicle No
Officer/Employee Name or Description	Badge No	Vehicle No

*For each involved member, please provide as much information as possible.*

## 4. Witness Information (if any)

Please provide the name and contact information of any witnesses who may have relevant information.

### 1. Witness Name:

Full name (First, Middle, Last)			Date of Birth	
Street address		City	State	Zip

Cell Phone	Home Phone	Work Phone	Other Phone
Email			

## 2. Witness Name:

Full name (First, Middle, Last)			Date of Birth	
Street address		City	State	Zip
Cell Phone	Home Phone	Work Phone	Other Phone	
Email				

*(Attach additional pages for more witnesses if needed.)*

## 5. Statement/Narrative of Alleged Misconduct

Please describe the incident in as much detail as possible, including the sequence of events, what was said or done, any injuries, and why you believe misconduct occurred.

*(Attach more pages if necessary.)*

## 6. Additional Evidence or Documentation

If you have photos, video, audio recordings, or other relevant materials, please describe them briefly below and attach copies if possible.

## 7. Acknowledgments

1. **Data Practices Notice:** By signing/submitting this complaint, you acknowledge that it will be shared with the WHPS supervisory personnel assigned to investigate complaints and may be shared with those who have a legal right to access the file. Under Minnesota law, once the investigation is complete, certain information may become public if disciplinary action is taken.
2. **False Reports** (*Minn. Stat. § 609.505*): Knowingly making a false report regarding officer misconduct is a crime. You have the right to make a complaint if you believe misconduct occurred, but filing a knowingly false or defamatory report could subject you to criminal penalties or civil liability.
3. **Privacy:** You have the right to remain anonymous; however, anonymity may limit the Department's ability to fully investigate.
4. **Signature:** By signing below, you affirm that the information provided is true and correct to the best of your knowledge.

**Signature of Complainant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(If submitting electronically and unable to sign, you may type your name. A signature may be collected later if needed.)*

### Important Reminders

- Your complaint will be investigated according to **WHPS Policy 1009** (Personnel Complaints) and consistent with Minnesota law.
- You will be notified of the outcome (disposition) of the complaint when the investigation concludes (except if you remain anonymous or cannot be contacted).
- If you have any questions or wish to provide further information, please contact us at:

West Hennepin Public Safety Department  
1918 County Road 90  
Maple Plain, MN 55359  
(763) 479-0500  
[westhennepin@westhennepin.com](mailto:westhennepin@westhennepin.com)  
[www.westhennepin.com](http://www.westhennepin.com)

### Thank You

Thank you for taking the time to share your concerns. West Hennepin Public Safety values your input and is committed to ensuring its members meet the highest standards of integrity and professionalism.

## Department Use Only

(To be completed by WHPS personnel)

Complaint Received by	Badge No
Received Method	Received Date/Time
Complaint Case Number	Case Numbers associated
Referred to	
Action Taken	
Disposition	