

LITTLE FALLS POLICE CONDUCT INCIDENT REPORT FORM

Use this form to file a complaint against a Little Falls Police Officer. Print and fill it out completely. Forwarding this form initiates the complaint process. You will be contacted within five business days upon receipt of your complaint. Please return the completed form to:
Little Falls Police Department, Attn: Chief of Police, 207 1st St Ne, Little Falls, MN 56345.

NAME (Last, First, Middle)		DATE OF BIRTH	
HOME ADDRESS (Street, City State Zip)			
HOME PHONE	WORK PHONE	CELL PHONE	PAGER
INCIDENT CASE NUMBER (If Known)		INCIDENT DATE/TIME	

INCIDENT LOCATION (Please be as specific as possible)		
OFFICER BADGE NUMBER(S)	OFFICER NAME(S)	SQUAD NUMBER
WITNESS NAME(S)	ADDRESS	PHONE NUMBER

NARRATIVE – PLEASE DESCRIBE THE INCIDENT IN DETAIL: _____

COMPLAINT SIGNATURE	DATE/TIME
RECEIVED BY	DATE/TIME