

Ramsey Police Department Citizen Complaint Form

Name and Rank of Person Complained Against		Date
Complainant's Name	Address	Phone #
Witness Name	Address	Phone #
Witness Name	Address	Phone #
Date & Time of Occurrence	Tag/ICR #	Location of Occurrence
Details of Complaint/ Allegations: (Attach additional pages as needed)		
		<input type="checkbox"/> Continued on Page 2
By signing this document, I am certifying that the above stated details of this complaint and allegation are true and correct.		_____ Signature of Complainant
FOR ADMINISTRATIVE USE ONLY	Supervisor's Notes:	<input type="checkbox"/> See Attached
This Complaint Has Been	<input type="checkbox"/> Resolved (Note method used in narrative)	<input type="checkbox"/> Forwarded to Investigation
Date & Time Complaint Received	Name & Rank of Person Recording Complaint	
Date & Time Received for Investigation	Name of Supervisor Assigned	
Date & Time Investigation Completed	Signature of Investigator	
This Complaint is:		
<input type="checkbox"/> Exonerated <input type="checkbox"/> Sustained <input type="checkbox"/> Not Sustained <input type="checkbox"/> Administratively Cleared		

Attach Complete Investigation Report and Forward

