

# Mendota Heights Police Department

## COMMENDATION or COMPLAINT FORM

RETURN COMPLETED FORM TO:  
1101 Victoria Curve, Mendota Heights, MN 55118 phone:  
651.452.1366 // fax: 651.452.2995  
email: pdrecords@mendota-heights.com  
www.mendota-heights.com

To Be Completed by MHPD Staff

RECEIVED ON:  
RECEIVED BY:  
ASSIGNED TO:

METHOD RECEIVED (circle one):  
In Person | Fax | eMail | U.S. Mail | Other:

Please complete this form to the best of your ability with as much information as possible. Once this form is completed and submitted, it will be reviewed and you will receive communication from an assigned supervisor or staff member regarding your submission. Thank you taking the time to provide helpful feedback.

5. Name – Last, First, Middle		6. Date of Birth	7. Age	8. Gender	9. Race, Ethnicity or N.O.
10. Home Address				11. Home Telephone Number	
12. Work Address		13. Occupation		14. Work Telephone Number	
15. Other Means of Contacting You (cell phone, page, e-mail, friend, etc.)			16. General Nature of Incident		
17. Location of Incident			18. Incident Call or Case # (if known)		
19a. Day of Week Incident Occurred	19b. Date of Incident	19c. Time of Incident	20. Witnesses (see also #26)		
21. Officer(s) Involved, e.g. name, badge number(if known)				22. Police Vehicle No. / Description	
23. Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.)					
24a. Describe Injuries (if any)			24b. Where Treated (name of hospital, doctor, etc.)		
25. Preferred Language of Communication (if other than English)					
26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including other police officers)					

(Please continue on the reverse side)

Complainant's Name – Last, First, Middle

27. Describe the Incident:

Attach Additional Pages if Necessary

28. Complainant's Certification

I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date