Crystal Police Department
4141 Douglas Drive North
Crystal, MN 55422
763-531-1014

☐COMPLIMENT / ☐COMPLAINT FORM (Check One)

The Crystal Police Department expects its employees to serve with respect, integrity and professionalism. It is our policy to investigate all allegations of misconduct concerning our employees. If you wish to express a concern or file a complaint, please complete the following information and sign the form (a signed complaint is required by state law).

YOUR INFORMATION:		
NAME:		
STREET ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
WORK PHONE:		
MOBILE PHONE:	**HOME PHONE:**	
EMAIL:		

INCIDENT INFORMATION:		
DATE OF INCIDENT:	**TIME:**	**CASE # (if known):**
LOCATION OF INCIDENT:	**OFFICER NAME or BADGE # (if known):**	
TODAY'S DATE:		

PLEASE PROVIDE THE DETAILS OF YOUR COMPLIMENT OR COMPLAINT. LIST ANY OTHER WITNESSES AND/OR PERSONS INVOLVED. IF NEEDED, USE THE BACK OF THIS FORM OR OTHER SHEETS OF PAPER.

To the best of my knowledge, the information I have provided is true and factual.

Signature:_____ Date:_____

RETURN COMPLETED FORMS TO:

Mail or In Person:
Chief of Police
Crystal Police Department
4141 Douglas Drive North
Crystal, MN 55422

Via Email:
Stephanie.Revering@crystalmn.gov