

# Mendota Heights Police Department

## COMMENDATION or COMPLAINT FORM

*To Be Completed by MHPD Staff*

RECEIVED ON:

RECEIVED BY:

ASSIGNED TO:

**RETURN COMPLETED FORM TO:**

1101 Victoria Curve, Mendota Heights, MN 55118  
Phone: 651.452.1366 // Fax: 651.452.2995  
Email: pdrecords@mendotaheightsmn.gov  
www.mendotaheightsmn.gov

**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 ( <i>cell phone, page, e-mail, friend, etc.</i> )		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 ( <i>if known</i> )				22. Police Vehicle No. / Description
23. Physical Description of Officer(s) ( <i>hair and eye color, height, sex, race/ethnicity, etc.</i> )				
24a. Describe Injuries ( <i>if any</i> )		24b. Where Treated ( <i>name of hospital, doctor, etc.</i> )		
25. Preferred Language of Communication ( <i>if other than English</i> )				
26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident ( <i>including other police officers</i> )				

