

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@mendotaheightsmn.gov

www.mendotaheightsmn.gov

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 (<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>)						

(Please continue on the reverse side)

[illegible]