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|  | NA-01177-04 Rev. 03/09 | For Internal Use Only |
| COMPLAINT OF OFFICER MISCONDUCT |  |
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This form is utilized to report allegations of officer misconduct against conservation officers. We take complaint against conservation officers very seriously. We accept and document all complaints and investigate them whenever warranted. This process is explained in an Enforcement Division Directive **Allegations Against Conservation Officers,** which is available upon request. You will be notified, in writing, if an investigation into the allegation is warranted, and when the investigation is complete.

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| **Please take notice** that in completing this form you are being asked to supply data that may be classified as “confidential” or “private” under Minnesota law. Your information will be used as part of the total evidence to determine if misconduct occurred and, if so, whether any disciplinary or corrective action should be taken. Your information may be used in meetings, hearings, or procedures such as grievance hearings, an arbitration process, or other appeal procedures and you may be required to testify. The following individuals and entities may have access to the information you provide: |
| --Employees and officials of the State of Minnesota and Department of Natural Resources whose work assignments reasonably require access to the information.--Other persons or entities authorized by a state or federal law or by a court order to have access to such information.--If disciplinary action is taken based on the results of this investigation, the information you provide may be available to others and the public as documentation supporting final disciplinary action. |  | --The subject(s) of the data.--Management/administrators/supervisors whose input is necessary in the decision making process; exclusive representatives; employees of the Minnesota Department of Employee Relations; arbitrators; state and federal courts; state and federal human rights enforcement entities; appropriate licensing entities and agencies; the Re-employment Compensation Division of the Department of Economic Security; law enforcement agencies and prosecutorial authorities; transcription services; individuals or entities with contracts providing access to the data; and counsel for parties to litigation pursuant to a court order. |

**You are not legally required to provide this information, and there are no legal penalties for refusing to do so. Please note, however, that you could be subject to** **criminal or civil consequences for intentionally providing false information during this investigation.**

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| Your Full Name (First, Middle, Last) Please Print | Date of Birth |
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| Street Address | Home Telephone No. |
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| City, State, Zip Code | Work Telephone No. |
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| Officer’s Name: |  | Badge Number: |  |

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| Date of Incident | Time of Incident | Location of Incident |
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| Nature of Complaint/Allegation: |
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| Details : (Use additional pages if necessary) |  |
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|  | [ ]  Additional Pages attached |

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| Witness Name: |  | Home Phone No: |  |
| Witness Address: |  | Work Phone No.: |  |

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| Your Signature: |  | Date: |  |

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| Mail Completed Form to:(Mark address with a X)  | [ ]  **CONFIDENTIAL** Minnesota Department of Natural Resources Division of Law Enforcement 500 Lafayette Road, Box 47 St. Paul, MN 55155-4047 | [ ]  **CONFIDENTIAL** Minnesota Department of Natural Resources Division of Law Enforcement Standards and Training Section 15011 Highway 115 Little Falls, MN 56345-4173 |