

MSP AIRPORT POLICE DEPARTMENT

Minneapolis-St. Paul International Airport 4300 Glumack Drive – LT3255 St. Paul, MN 55111



INITIAL CITIZEN COMPLAINT			
Complaint By: Person Phone Mail Recei	Received By:		
	e Received By IAM:		
Complainant's Name: Last, First, MI	Race:	Sex:	
	DOB:	Age:	
Complainant's Residence Address: Street/City/State/Zip		Phone: (Contacts)	
TYPE ()		DI (G	
Witness(es) (Address if Available)		Phone: (Contacts)	
Name:		Phone: (Contacts)	
Name:		Phone: (Contacts)	
Advised: Dat Complainant Officer Supervisor	e Signed Complaint Retu	rned to IAM:	
DETAILS			
1. Date and Time of Incident:			
2. Location of Incident:			
3. Case Number:			
5. Did you incur any injury resulting from this incident? Was Medical Treatment Administered? If so, where?	Yes		
6. Brief Statement of Allegation:			

Statement Continued		
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I understand that this Statement of Complaint will be submitted to the Airport Police Department and will be the basis for an investigation. Further, I sincerely and truly declare and affirm, under penalties of perjury, that the facts contained in my Complaint Statement are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.		
Complainant's Signature		
Supervisor's Comments:		
	AND	
INTERNAL AFFAIRS MANAGER		
Disposition ☐ Exonerated ☐ Sustained ☐ Not Sustained	See Attached Report	
IAM Signature	Date	