



# Paynesville Police Department

---

Chief Paul Wegner

## Complaint Against Officer or Police Personnel Packet

If the complainant needs assistance completing the form, offer whatever assistance is required. **Refusing to provide an initial complaint form is a violation of state law** and of departmental policy and procedure.

Attempting to screen or discourage those who ask for forms will not be tolerated. As soon as a form is requested, it needs to be provided. **Contacts do not have to justify their request for a form.**

Anyone who completes an initial complaint form needs to be told he or she will be receiving a **written acknowledgment** from the Chief of Police, along with a request to submit a signed, detailed account.

Complainants will need to be told that the demographic statistics is gathered **anonymously**.

Alert the Chief of Police ***immediately*** of any initial complaint forms requested.



# Paynesville Police Department

Chief Paul Wegner

## Initial Complaint Form

<b>Complaint Received By:</b>	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person
<b>Time:</b>	<b>Date:</b>	<b>Classification:</b>	
<b>Suspected Officer or Employee:</b>		<b>ID #:</b>	
<b>Complainant's Name:</b> (First/Middle/Last)			
Date of Birth:	Age:	Race:	Sex:
<b>Complainant's Address:</b> (Address/City/State/Zip Code)			
Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work		
<b>Witnesses: (address if available)</b>			
Name:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work	
Name:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work	
Name:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Action Needed:</b>	<input type="checkbox"/> Signed Medical Release	<input type="checkbox"/> Send Medical Release	<input type="checkbox"/> Send Info to File
<b>Advised:</b>	<input type="checkbox"/> Complainant	<input type="checkbox"/> Officer	<input type="checkbox"/> Supervisor
<b>Date Signed Complaint:</b>			

## Details

<b>1. Date and time of incident:</b>	
<b>2. Location of incident:</b>	
<b>3. Related incident complaint number:</b>	
<b>4. Name(s) of individual(s) arrested during the incident::</b>	
<b>5. Did you incur injury resulting from this incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was medical treatment administered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, Where?</b>	



# Paynesville Police Department

---

Chief Paul Wegner

Date:

Dear:

Thank you for contacting the Paynesville Police Department. Before an investigation can begin, state law requires that a signed, written complaint be obtained. I am enclosing two statement forms. Feel free to attach additional pages if you need more space.

Please write down a detailed account of the incident you are complaining about. Include the location, date, time, and your telephone number for follow-up contact, and the names and addresses of known witnesses. Also include as much as you remember of any conversation you or others had with the officer(s) or any actions taken by the officer(s). Describe in detail what you feel the officer(s) or any police department personnel did that was improper. When you have finished, sign the bottom of each complete page and return the forms to me in the enclosed, self-addressed, stamped envelope.

Upon receipt of your statement, your complaint will be assigned to a supervisor. Please allow 4 to 6 weeks for the process to be completed. You will be notified by mail of the disposition of your complaint.

Sincerely,

Chief Paul Wegner  
Paynesville Police Department







# Paynesville Police Department

Chief Paul Wegner

## Demographics Form

Information requested below is collected anonymously and voluntarily. The purpose is to assist the department in analyzing police personnel behavior in relation to the various parts of our community.

**Please Check the category that applies to you.**

**Date of Birth:**

**Age:**

**Sex:**  Male  Female

**Race:**

Black

American Indian

Asian

Hispanic

White

Other:

Marital Status		Household Income	
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$30,001 - \$40,000
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> \$40,001 - \$50,000
<input type="checkbox"/> Widowed		<input type="checkbox"/> \$20,001 - \$30,000	<input type="checkbox"/> Over \$50,000

**Occupation:**

**Public Assistance Recipient:**  Yes  No If so, what?

**Physically Disabled:**  Yes  No If so, what?

**Nature of your complaint:**