

## **NEW HOPE POLICE DEPARTMENT**

## CITIZEN COMPLAINT

It is the policy of the New Hope Police Department to investigate allegations of alleged misconduct concerning police department employees. If you wish to file a complaint, please complete the following information and sign the form. (Signed complaint required)

## **WARNING:**

INTENTIONALLY MAKING A FALSE ACCUSATION OR FILING A FALSE REPORT OF POLICE MISCONDUCT MAY RESULT IN CRIMINAL AND/OR CIVIL CHARGES AS DEFINED UNDER MN STATE STATUTE 609.505 SUBD.2 AGAINST THE PERSON MAKING THE COMPLAINT.

Date of Incident:	Time of Inciden	ıt:
Location:		
Subject of Complaint (Employee N	[ame]:	
Your Name (Printed):		
Address:		<del>.</del>
Telephone Number (Cell):	(Home):Email:	:
Signature:	Date:	
(REQUIRED - COMPL	AINANT)	
Witness Name:		
Address:		

Describe the Incident in Detail:	
<del></del>	
RETURN COMPLETED FORMS BY MAIL, EMAIL, OR IN PERSON:	
Chief Tim Hoyt Email: thoyt@newhopemn.gov New Hope Police Department 4401 Xylon Ave N New Hope, MN 55428	