



Oakdale Police Department Personnel Complaint

1584 Hadley Ave. N Oakdale MN 55128

Ph. 651-738-1025

Complainants Name; (Last, First Mi. I) _____

Address; _____ State _____ Zip _____

Phone; _____ Email Address _____

Location of Occurrence _____ Date Occurred _____

Time Occurred _____

Employee(s) Name

Title

Related ICR or Citation Number _____

Witnesses Name, Address and Phone Number

Complaint Details; _____

In accordance with MN State Statute 609.505 Sub. 2 whoever reports an act of police misconduct knowing that information provided is false is guilty of a crime. By signing below you attest that the information provided is a true account and allege misconduct by a member of the Oakdale Police Department

Complainants Signature _____ Date _____

The Oakdale Police Department investigates alleged misconduct by its members. This form can be completed, signed and dropped off or mailed to the department, attention of the Chief or Captain. Written complaints submitted without signatures will not constitute a formal complaint.