



Shakopee Mdewakanton Sioux Community

FOR SMSC USE ONLY

Control Number:
Date Logged:
Time:
Received by:
Number of Pages:

SMSC CIVILIAN REVIEW BOARD COMPLAINT

INSTRUCTIONS FOR COMPLETING FORM

Please describe the incident that led to this complaint, telling what happened from the beginning to the end. Be as clear and specific as possible. What aspect(s) of the incident do you believe violated your constitutional or civil rights?

COMPLAINANT INFORMATION

Name

Address

City

State

Zip code

County

Phone

Alt. Phone

Email

Date of Birth

OPTIONAL INFORMATION

Gender Identity

Race/Ethnicity

INCIDENT INFORMATION

Location/Address

City

State

Zip code

Time

WITNESS

Name

Address

City

State

Zip code

County

Phone

Alt. Phone

Email

Date of Birth

Use page 3 for additional witnesses.

MDEWAKANTON CONSERVATION ENFORCEMENT PERSONNEL INVOLVED

Name	Gender Identity	Badge/ID #
------	-----------------	------------

Name	Gender Identity	Badge/ID #
------	-----------------	------------

Did you include the following with the complaint? Please answer Yes/No:

Video:	Yes	No	Audio:	Yes	No	Photos:	Yes	No
--------	-----	----	--------	-----	----	---------	-----	----

INCIDENT DESCRIPTION/COMPLAINT

Use page 3 for additional information.

AGREEMENT, ACKNOWLEDGMENT, AND VERIFICATION

I realize that I may be asked to cooperate with the Civilian Review Board, and, if I fail to do so, I acknowledge that it may make it difficult to properly investigate my complaint. I hereby affirm that the foregoing is true and complete to the best of my belief, and I am willing to reiterate the facts alleged in this complaint under oath before the Civilian Review Board.

Signature

Date

INCIDENT DESCRIPTION/COMPLAINT OR WITNESSES (CONTINUATION)