

**Albert Lea Police Department
Allegation/ Commendation Form**

Reporting Person:

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Occupation: _____

Cell Phone: _____

Male Female

Subject of Complaint:

Name: _____

Badge # _____

Date of Occurrence: _____

Time of Occurrence: _____

Location: _____

Summary of Allegation/ Commendation: (Use additional page if needed)

While supporting the reporting of legitimate allegations as a means by which the department can be accountable to the public, the department also seeks to hold members of the public responsible for the reporting of false and malicious allegations. The Albert Lea Police Department will initiate appropriate legal action in cases involving false reporting.

***It is a criminal offense to knowingly make a false report to law enforcement authorities.
(Minnesota Statute 609.505)***

I have read and understand the above statement.

Reporting person signature

Date/ Time

FOR DEPARTMENT USE ONLY			
Intake Officer signature	Badge#	Date/ Time	
Received by: Phone <input type="checkbox"/>	Voice Mail <input type="checkbox"/>	In Person <input type="checkbox"/>	Written <input type="checkbox"/>
CFS#: _____	Allegation <input type="checkbox"/> # _____	Commendation <input type="checkbox"/>	
CLEO Signature (when assigned to investigator)			

Person who witnessed the incident:

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Person who witnessed the incident:

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Person who witnessed the incident:

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Evidence Provided:

Additional information (if needed)
