University of Minnesota

Twin Cities Campus

University Security

Department of Public Safety

100 Transportation and Safety Building 505 Washington Avenue S.E. Minneapolis, MN 55455

612-624-WALK Fax: 612-626-0534 www.umn.edu/umpolice

Personnel Complaint Form

Complainant's Name:		
(Last)	(First)	(MI)
Complainant's Residential Address:		
(Address/Street)		
(City)	(State)	(Zip)
Complainant's contact information:		
(Home phone)	(Cell phone)	
(Email)		
Date and time of incident:		
Location of incident:		· · · · · · · · · · · · · · · · · · ·
Person against whom complaint is made (i	if name is unknown give physi	cal description):
Briefly describe your complaint:		
	(Over)	

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Complaint Received by:	Date:
Complainant's Signature:	Date:
After reading the paragraph above I hereby declare that thand true.	e above and/or attached statements are correct
Information you provide is subject to the Minnesota Gover certain information as available to the public on request.	nment Data Practices Act. This law classifies