



MILLE LACS

Tribal Police Department

43408 Oodena Drive • Onamia, MN 56359 • (320) 532-3430 • Fax (320) 532-4190

INITIAL COMPLAINT FORM

Complaint Received by: Phone: _____ Mail: _____ In Person: _____

Date: _____ Time: _____

Officer or Employee who received the complaint: _____

Complainant's Name

(Last) (First) (MI) (DOB) (Age)

Complainant's Address

(Street) (City) (State) (Zip) (Phone)

Witness (es) (Address if available)

Name Phone: (Home/Work)

Name Phone: (Home/Work)

Name Phone: (Home/Work)

DETAILS

Date and Time of Incident: _____

Location of Incident: _____

Related Incident Complaint Number: _____

Name (s) of individual (s) arrested during the incident: _____

Did you incur any injury resulting from this incident? Yes No

Was medical treatment administered: Yes No

If so, where? _____

DISTRICT II

Route 2 • Box 58 • McGregor, MN 55760
(218) 768-3332 • Fax (218) 768-3334

DISTRICT III

Route 2 • Box 233 N • Sandstone, MN 55072
(320) 384-7195 • Fax (320) 384-6876

