



Mark A. Nelson  
Chief of Police

## Grand Forks Police Department Complaint Against Police Employee

122 South Fifth Street • P.O. Box 5548 • Grand Forks, ND 58206-5548

Phone:(701) 787-8000  
Fax:(701) 780-8253

### FILING A COMPLAINT AGAINST A GRAND FORKS POLICE EMPLOYEE

The Grand Forks Police Department is proud of our employees and the vital role they play in assuring a safe and secure community. In performance of their duties there are occasions in which questions arise regarding the way a particular situation is handled.

The Grand Forks Police Department is very open to the concerns of the community while balancing fairness and respect for our employees. It is the policy of the Grand Forks Police Department to investigate, to the fullest possible extent, all allegations of misconduct against a department employee.

If you wish to make a complaint concerning the actions of a Grand Forks Police employee, please:

- Come to the Police Department at 122 South 5th Street and request to speak to a department supervisor.
- Call the Police Department at (701) 787-8000 and tell the person answering the telephone you wish to speak to a supervisor.
- Write out your complaint and mail it to the Chief of Police. The mailing address is Box 5548, Grand Forks, ND 58206.

A supervisor will assist you in filling out a Complaint Against Police Employee form. This form asks you to identify yourself and give specific details about your complaint.

- **IMPORTANT: The information requested on the form regarding race, sex, and age is needed to analyze and assure compliance with the Grand Forks Police Department's commitment to impartial policing. Your cooperation in voluntarily giving this information is important to the success of our annual department reporting requirements as required by accreditation standards. It will be available only to authorized personnel for evaluation purposes. Refusing to provide this information will not subject you to adverse treatment nor change the manner in which this complaint is investigated.**

Your complaint will be investigated. You may be contacted and asked additional questions about your complaint. When the investigation is completed, you will be notified of the results of the investigation.

Specific questions may be directed to the Office of Professional Standards at (701)787-8184.

Mark A. Nelson  
Chief of Police

ROUTE THIS COMPLAINT TO THE OFFICE OF PROFESSIONAL STANDARDS

# Grand Forks Police Department Complaint Against Police Employee

COMPLAINANT: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

**RACIAL/ETHNIC DATA:** Please indicate yourself in terms of the racial/ethnic groups below. Check any or all that may apply.

- \_\_\_\_\_ **Hispanic**
- \_\_\_\_\_ **Asian or Pacific Islander**
- \_\_\_\_\_ **American Indian or Alaskan Native**
- \_\_\_\_\_ **Black (Not of Hispanic origin)**
- \_\_\_\_\_ **White (Not of Hispanic origin)**

ADDRESS: \_\_\_\_\_

TELEPHONE #: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

EMPLOYEE (S) INVOLVED: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WITNESS ADDRESS: \_\_\_\_\_

TELEPHONE #: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

HOW RECEIVED: IN PERSON ( ) PHONE ( ) MAIL ( )

DETAILS OF INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(USE REVERSE SIDE/OR ADDITIONAL PAPER IF NECESSARY)

**WARNING:** I have read the above account of the incident described and attest it is true and accurate. I further understand I am filing an official report with the Grand Forks Police Department and any false statements made by me could subject me to prosecution under NDCC 12.1-11-02(2) and a violation of this section is a Class A misdemeanor. This statement is voluntary and is not the result of persuasion, coercion, or promise of any kind.

COMPLAINANT'S SIGNATURE: \_\_\_\_\_

SUPERVISOR RECEIVING COMPLAINT: \_\_\_\_\_

DATE & TIME COMPLAINT RECEIVED: \_\_\_\_\_

Copy provided to Complainant:

ROUTE THIS COMPLAINT TO THE OFFICE OF PROFESSIONAL STANDARDS



**Grand Forks Police Department  
Complaint Against Police Employee**

**TO BE COMPLETED BY SUPERVISOR RECEIVING THE COMPLAINT**

EVALUATION OF DETAILS RECEIVED:

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**REVIEWED BY APPLICABLE DIVISION COMMANDER AND OFFICE OF PROFESSIONAL STANDARDS AND DESIGNATED AS:**

Administrative Review                       Internal Investigation

Assigned to: \_\_\_\_\_ Date \_\_\_\_\_

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**IMMEDIATE SUPERVISOR REVIEW AND RECOMMENDATION**

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SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

**BUREAU COMMANDER REVIEW & RECOMMENDATION**

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SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

**DIVISIONAL COMMANDER REVIEW & RECOMMENDATION**

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SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

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**CHIEF OF POLICE REVIEW & DETERMINATION**

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SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

**ROUTE THIS COMPLAINT TO THE OFFICE OF PROFESSIONAL STANDARDS**