



Ramsey County Sheriff's Office

Bob Fletcher, Sheriff

Administration Division

425 Grove Street • Saint Paul, Minnesota 55101

Phone: 651-266-9333

www.RamseyCountySheriff.us

INTERNAL AFFAIRS COMPLAINT FORM

DATE: _____

Thank you for contacting the Internal Affairs Unit. Before an investigation can begin, State law requires that a signed, written complaint be obtained.

Please write down a detailed account of the incident you are complaining about. Include the **location, date, time, your telephone number** for follow up contact, and **names, addresses and telephone numbers of known witnesses**. Also include as much as you remember of any conversation you or others had with the deputy(s), correctional officer(s) or any Ramsey County Sheriff's Office employee(s). Describe in detail any actions taken by the deputy(s), correctional officer(s), or Ramsey County Sheriff's Office employee(s) that you feel was improper. When you have finished, sign the bottom of each completed page and return it to the Internal Affairs Unit. If the Internal Affairs Unit does not receive your signed complaint within 30 days, we will be forced to close the case and it will be documented as "Incomplete."

Upon receipt of your statement, your complaint will be assigned to a supervisor or Internal Affairs investigator. The investigation should be completed within six months of the discovery of the allegations or within a reasonable time there after based upon the complexity or conditions of the investigation. You will be notified by mail of the disposition of your complaint.

If you wish to file a complaint against a member of the Ramsey County Sheriff's Office please **fill out, date and sign each of the attached pages.**

The original should be mailed or dropped off to the following:

Mail: Ramsey County Sheriff's Office
Internal Affairs Unit
425 Grove Street
St. Paul, MN 55101

or Dropped off at the above address

You are encouraged to keep a personal copy.

Questions should be directed to: Internal Affairs Unit/ Investigator, (651) 266-9290

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Internal Affairs Complaint Form

Page 2

Case # (for office use only)

COMPLAINANT INFORMATION

NAME _____
First Middle Last Maiden

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE# _____

EMAIL ADDRESS _____

INCIDENT _____

DATE OF OCCURRENCE _____ TIME _____

LOCATION _____

SPECIFIC ALLEGATIONS _____

SHERIFF'S EMPLOYEE(S) INVOLVED (NAME / BADGE # / DESCRIPTION) IF KNOWN

SIGNATURE OF COMPLAINANT

DATE



STATEMENT OF COMPLAINT
(Attached additional sheets if necessary)

SIGNATURE OF COMPLAINANT

DATE



PLEASE LIST ANY/ALL WITNESSES:

NAME _____ TELEPHONE # _____

NAME _____ TELEPHONE # _____

NAME _____ TELEPHONE # _____

NAME _____ TELEPHONE # _____

PLEASE LIST YOUR EXPECTATIONS FROM THIS COMPLAINT:

SIGNATURE OF COMPLAINANT

DATE