STATE OF MINNESOTA

Department of Public Safety

FORMAL COMPLAINT OF ALLEGED EMPLOYEE MISCONDUCT

The information you provide may become part of an administrative investigation conducted at the direction of the Minnesota Department of Public Safety Internal Affairs/Affirmative Action and may be classified as private or confidential data under Minnesota State Statute Chapter 13. The information you supply may also be used in a grievance hearing, arbitration or other appeal procedure and it may become necessary for you to testify at these hearings. Your contact information is requested so that you can be contacted to provide additional information. You are not legally required to supply the data, however if you do not provide it, it may impact the ability to fully investigate your concerns. The information will be made available only to those with a legitimate business need to know the information and to those authorized by state and federal law.

Name of complainant:

Address:       City:       State:       Zip:

Telephone numbers: Home:       Work:       Cell:

E-mail address:

**Provide as much information as possible:**

Name of employee(s) involved:

(If no name is available, any other identifying information, i.e. badge number, description of employee)

Date and time of incident:

Location:

Description of Incident (include additional pages as necessary):

Names of possible witnesses and contact information, including email and cell phone if possible:

The information I have provided is true and accurate to the best of my knowledge.

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Signature of complainant Date

Return the completed form to:

Minnesota Department of Public Safety

Internal Affairs/Affirmative Action

445 Minnesota Street, Suite #530

St. Paul, Minnesota 55101-5530