



Box 263  
Audubon, Minnesota 56511

**EMPLOYEE/CITIZEN COMPLAINT POLICY & PROCEDURE**

Complainant Name: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip

Phone:  
(home, cell or work) \_\_\_\_\_

Date of Alleged Misconduct: \_\_\_\_\_

Respondents Name: \_\_\_\_\_

Department \_\_\_\_\_

Summary of Allegations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of  
Witnesses: \_\_\_\_\_  
\_\_\_\_\_

Signature of Witnesses: 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

The information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

STATE OF MINNESOTA )  
                                  ) ss  
COUNTY OF BECKER )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, before me, a Notary Public,  
within and for said County, personally appeared \_\_\_\_\_  
To me known to be the person described as Complainant.

\_\_\_\_\_  
Date Filed in City Office

\_\_\_\_\_  
Signature of City Clerk/Treasurer or Deputy Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directed To