

**BISMARCK POLICE DEPARTMENT
COMPLAINT FORM**

Complainant's Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Location of Incident: _____

Date/Time of Incident: _____

Employee Name(s):

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Witnesses:

(1) Name: _____ Address: _____ Phone: _____

(2) Name: _____ Address: _____ Phone: _____

(3) Name: _____ Address: _____ Phone: _____

DETAILS OF COMPLAINT

Jason Stugelmeyer, Chief of Police

Phone: 701-223-1212 • Fax: 701-355-1861 • 700 South 9th Street • Bismarck, ND 58504-5899
www.bismarcknd.gov • TDD 711 • An Equal Opportunity-Affirmative Action Employer



I, _____, affirm the foregoing information provided by me is true and complete to the best of my knowledge and belief. I am aware that it is a violation of city ordinance 6-02-08 to provide false information to a police officer that causes an official investigation to begin. It is likely the information I have provided may result in an official investigation.

Signature of Complainant: _____

Signature of Accepting Department Member: _____

Date: _____ Time: _____

Jason Stugelmeyer, Chief of Police

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