

**FREEBORN COUNTY SHERIFF'S OFFICE
COMMENDATION / ALLEGATION of MISCONDUCT REPORT**

How received: <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail <input type="checkbox"/> In Person <input type="checkbox"/> Written <input type="checkbox"/> Online	
Received by:	Date / Time:
Nature: <input type="checkbox"/> Allegation <input type="checkbox"/> Commendation	
Reporting Person: <input type="checkbox"/> Citizen <input type="checkbox"/> Office Member <input type="checkbox"/> Co Official / Employee	
Name:	Date of Birth:
Address:	Home Phone:
Work Address:	Work Phone:
Other Phone:	
Occupation:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

Deputy:	Badge #:
Date of Incident:	Time of Incident:
Location:	
Summary of Allegation / Commendation: (Use page 2 if need additional space)	
<p>The Sheriff's Office fully supports the reporting of legitimate allegations and commendations. The Sheriff's Office also seeks to hold members of the public responsible for the reporting of false and/or malicious allegations. The Freeborn County Sheriff's Office will initiate appropriate legal action in cases involving false reporting.</p> <p style="text-align: center;"><i>It is a criminal offense to knowingly make a false report to law enforcement authorities.</i> <i>(Minnesota Statute § 609.505)</i></p> <p>I have read and understand the above statement.</p>	
Reporting Person	Date / Time

Signature of witness to the report: _____

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Person(s) who witnessed the Incident:

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Evidence Provided:

Additional information (if needed)

For Supervisory Use Only

Reviewing Supervisor	Badge#	Date / Time