



Cottage Grove Fire/EMS Department CITIZEN COMPLAINT REPORT



Cottage Grove Public Safety collectively serves our community compassionately providing protection of life and property. We do this with honor, integrity, pride and professionalism. We are Cottage Grove Public Safety.

Written & Signed Complaints

The Cottage Grove Fire/EMS Department is committed to maintaining integrity, discipline, and an exceptional relationship with the community of trust and confidence.

If you believe an employee of the Cottage Grove Fire/EMS Department has behaved in an inappropriate manner you are encouraged to inform the Department. Frequently, complaints and concerns can be handled without filing a “formal” complaint. If you would like to make a concern or complaint known to the department without filing a written complaint, you may contact the shift supervisor by:

- Calling 651-458-2850 during normal business hours.
- Coming to the Public Safety Department during business hours at the address below.

If you decide you would like to file a written complaint, please complete this form fully and accurately. When describing the incident, write down a detailed account as you remember it. Include the location, date, time, and telephone number, and the names and addresses of other known witnesses. If known, give the name(s) of the fire/ems staff involved. If you do not know the staff's name(s), use the narrative section to describe the staff involved in as much detail as you can remember. If necessary, attach any additional sheets to this form. It's also important that you include as much as you remember of any conversation you or others had with the staff or any actions taken by the staff. Describe in detail what you feel the staff or any fire/ems department employee did that was not proper. Before an investigation can begin, state law requires that a signed, written complaint be completed; therefore, sign the form in the area marked “Citizen Signature.”

When you have completed the Complaint form, either bring it to the public safety department, Monday through Friday, 7:00 a.m. to 4:30 p.m. or mail it to:

**Director of Public Safety
Public Safety Department
12800 Ravine Parkway
Cottage Grove, MN, 55016**

Upon receipt of your completed form, your complaint will be investigated. Upon completion of the investigation, a “Finding of Fact” will be determined. Please allow 30 days for the investigation process to be completed. You will be notified by letter with the disposition of your complaint.



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Citizen Information (person reporting complaint)

Citizen Name	Home Phone	Other Phone
Address (Include Street Address, City, State and Zip code)		

Complaint Information

Incident Date and Time	Incident Location	Case Number (If Known)
Employee Name (Badge number if known)	Additional Employee Name (If Applicable)	Additional Employee Name (If Applicable)
Witness Name	Witness Address	Witness Phone number
Witness Name	Witness Address	Witness Phone number
Describe Basis for Complaint (attach additional sheets if necessary)		
(Continue on Page 3 if additional room needed)		
Please tell us how you would like to see your complaint resolved		

Acknowledgement

The Cottage Grove Fire/EMS Department strives to address citizen complaints and concerns regarding the actions of our employees. In this way, we can provide a better relationship between the Cottage Grove Fire/EMS Department and the citizens of this community. However, frivolous or malicious complaints do nothing to enhance this relationship and create unnecessary hardship for our employees. Therefore, complainants must provide truthful and accurate information to the best of their ability.	
By signing below, I acknowledge that I am aware that it is a crime under Minnesota State Statute 609.505 (2) to falsely report an act of police misconduct. I certify that the foregoing information is truthful and accurate to the best of my knowledge.	
Citizen Signature	Date

Receipt and Disposition Information (to be completed by Fire / EMS)

Employee Receiving Report	Date/Time Received	Referred to
Date Formal Complaint Initiated	Complaint Number	Final Disposition Date
Case Number		

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Complaint Continuation

Describe Basis for Complaint (Continuation)