

**WEST ST. PAUL POLICE DEPARTMENT**  
**1616 HUMBOLDT AVENUE**  
**WEST ST. PAUL, MN 55118**  
**Phone: 651-552-4200**  
**Fax: 651-552-4199**

**Administrative File #** \_\_\_\_\_

**Date Report Filed:** \_\_\_\_\_

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**REPORTING PERSON:**

Full Name (First, Middle, Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**VICTIM OF ALLEGED MISCONDUCT:**

Full Name (First, Middle, Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**INCIDENT DATA:**

Alleged Misconduct: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

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**WITNESSES:** [If witness is not known, give a description, car license, badge #]

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**DEPARTMENT MEMBERS COMPLAINED OF:**

Name: \_\_\_\_\_ Squad # \_\_\_\_\_ Badge # \_\_\_\_\_

Description: \_\_\_\_\_

Name: \_\_\_\_\_ Squad # \_\_\_\_\_ Badge # \_\_\_\_\_

Description: \_\_\_\_\_

Name: \_\_\_\_\_ Squad # \_\_\_\_\_ Badge # \_\_\_\_\_

Description: \_\_\_\_\_

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**PERSONS ARRESTED DURING INCIDENT:**

Full Name (First, Middle, Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

