



One Vision. One Mission

The Lino Lakes Public Safety Department expects its employees to serve with respect, integrity and professionalism. It is our policy to investigate all allegations of misconduct concerning our employees. If you wish to express a concern or file a complaint, please complete the following information and we ask that you sign the form.

Your Information:

Name			
Street Address			
City	State	Zip	Home phone
Work phone	Mobile phone	Email	

Incident Information:

Date	Time	Location
Case Number (If known)		Officer Name or Badge # (If known)

Complaint:

Please provide the details of your complaint. List any other witnesses and/or persons involved. If needed, use the back of this form or other sheets of paper.

To the best of my knowledge, the information I have provided is true and factual.

Signature: _____ Date: _____

Public Safety Director John Swenson
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651-982-2300