



# LYON COUNTY SHERIFF'S OFFICE

Mark M. Mather, Sheriff

Lyon County Law Enforcement Center • 611 West Main • Box 28 • Marshall, MN 56258  
(507) 537-7666 • (507) 537-7428

## Citizen Complaint Form

The Lyon County Sheriff's Office requires all of its employees to provide professional and courteous service to all of its citizens. It is the policy of the Lyon County Sheriff's Office to investigate all allegations of misconduct concerning Department employees. If you wish to file a complaint, or have a concern regarding employee conduct, please complete the following information and sign the form.

### YOUR INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ EMAIL \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_ ICR #(If Known) \_\_\_\_\_

OFFICER(S) Involved Name(s) or Badge Number(s) (if Known) \_\_\_\_\_

### COMPLAINT INFORMATION

Please provide the details surrounding your complaint. List any person(s) involved and possible witnesses. If needed, use the back of this form or attach additional information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:** To the best of my knowledge, the information I have provided is true and factual. I further acknowledge that once this document is submitted, that it could be used as evidence in a libel complaint against me by the accused officer(s), if the information which I have provided is false, and damaging to the officer(s).

**Further,** I acknowledge that pursuant to **MSS 609.505 Falsely Reporting Crime**. Whoever informs a law enforcement officer that a crime has been committed, knowing that it is false and intending that the officer act in reliance upon it, is guilty of a misdemeanor. A person who is convicted of a subsequent time under this section is guilty of a gross misdemeanor.

Signature: \_\_\_\_\_ DATED: \_\_\_\_\_

Please return the completed form to: Lyon County Sheriff  
611 W. Main St., PO Box 28  
Marshall, MN 56258

Sheriff's Office Use: Received by: \_\_\_\_\_ Date Received \_\_\_\_\_

Supervisor Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Final review by: \_\_\_\_\_ Date \_\_\_\_\_ Recommendation/Disposition \_\_\_\_\_