



# *Murray County Sheriff's Office*

2558 29<sup>th</sup> St PO Box 57  
Slayton MN 56172  
(507) 836-6168  
(507) 836-1116 FAX

**Heath Landsman, Sheriff**  
**Bryan Bose, Chief Deputy**

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## **CITIZEN COMPLAINT REPORT**

The Murray County Sheriff's Office is committed to maintaining integrity, discipline and a relationship with the community of trust and confidence.

If you believe an employee of the Murray County Sheriff's Office has behaved in an inappropriate manner you are encouraged to inform the Sheriff's office. 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 Sheriff's Office by:

- ❖ Calling 507-836-6168
- ❖ Coming to the Sheriff's Office during normal business hours to the address of:  
2558 29<sup>th</sup> St., Slayton, MN 56172

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, telephone number and the names and addresses of other known witnesses. If known, give the name(s) of the deputy(s) involved. If you do not know the deputy(s) name, use the narrative section to describe the deputy(s) in as much detail as you can remember. If necessary, attach any additional sheets to this form. Its also important that you include as much as you remember of any conversation you or others has with the deputy(s) or actions taken by the deputy(s). Describe in detail what you feel the deputy(s) or any sheriff's office 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 Sheriff's Office, Monday through Friday, 8:00am to 4:30pm, or mail it to:

**Murray County Sheriff's Office**  
**PO BOX 57**  
**Slayton, MN 56172**

Upon receipt of you completed form, your complaint will be investigated. Upon completion of the investigation, a "Finding of Fact" will be determined. Please allow four to six weeks for the investigation process to be completed. You will be notified by letter with the disposition of you complaint.



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The Mission of the Murray County Sheriff's Office is to provide the highest level of service through partnerships and problem solving in a professional, ethical and timely manner.

### *Citizen Information (person reporting complaint)*

|  |            |             |
|--|------------|-------------|
| Citizen Name                                       | Home Phone | Other Phone |
| Address (Include Street, city, state and zip code) |            |             |

### *Complaint Information*

|   |  |  |
|---|--|--|
| Incident Date and Time  | Incident Location                        | Case # (If known)                        |
| Employee Name (Badge # if known)                                      | Additional Employee name (if applicable) | Additional Employee Name (if applicable) |
| Witness Name  | Witness Address                          | Witness Ph #                             |
| Witness Name  | Witness Address                          | Witness Ph #                             |
| Describe Basis for Complaint (attach additional sheets if necessary): |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Please tell us how you would like to see your complaint resolved:     |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

### *Acknowledgement*

|   |      |
|---|------|
| The Murray County Sheriff's Office strives to address citizen complaints and concerns regarding the actions of our employees. In this way, we can provide a better relationship between the Murray County Sheriff's Office 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 MN State Statute §609.505(2) to falsely report an act of police misconduct. I certify that the forgoing information is truthful and accurate to the best of my knowledge.  |      |
| Citizen Signature   | Date |

### *Receipt and Disposition Information (to be completed by Police)*

|                           |                    |             |             |
|---------------------------|--------------------|-------------|-------------|
| Employee Receiving Report | Date/Time Received | Referred To | Complaint # |
|---------------------------|--------------------|-------------|-------------|

