

NOTICE OF FILING A COMPLAINT

Who may bring a complaint? Any individual or individuals may bring a complaint to the City of Clarkfield of an alleged violation of the Clarkfield City Ordinance.

Where to file a complaint? A complaint must be filed in written form to the City of Clarkfield Administration Office located at 812 10th Avenue, Suite 1 Clarkfield, MN 56223

The complainant must, in good faith, make full, fair, and honest disclosure of all facts and circumstances known to him/her at the time the complaint is made. The facts, as presented, must be in the form of an affidavit and signed. Said affidavit will form the basis of any further investigation.

If charges are brought, the complainant may be required to appear in court as a material witness. The prosecution also reserves the right to subpoena the presence of the complainant and enforce the subpoena by ordering a peace officer to bring complainant to court.

Persons refusing to file a signed complaint will have their complaint heard, but no action may be taken. The complaint affidavit must be completed in its entirety for the furthering of investigations. Any incompleteness on the affidavit may result in the prevention of investigation or action by the City of Clarkfield.



City of

Clarkfield

heart of the prairie

Complaint Affidavit

812 10th Avenue, Ste. 1
P.O. Box 278
Clarkfield, MN 56223
Phone: (320) 669-4435
Fax: (320) 669-4815
www.clarkfield.org

Date: _____

Your Name: _____
(first) (M.I.) (Last)

Street Address: _____

(City) (State) (Zip code)

Telephone Number: _____
(Cell) (Other)

Subject of Complaint

Name: _____

Street Address: _____

(City) (State) (Zip code)

How did you determine the subject's identity? _____

Can You Identify the subject? YES / NO

Description of subject: _____

Location of Complaint: _____

Date & Time of Complaint: _____

Type of Premises (Roadway or Property): _____

Have you previously contacted the city on this subject? YES / NO

Detailed Description of Complaint: _____

Witness Information

Name of Witness: _____

Street Address: _____

Phone Number: _____

NOTICE – I hereby attest to the truthfulness of the allegations cited herein. Further, I fully understand that any false written or recorded allegations may be forwarded to the County Attorney for review and prosecution.

Signature of Complainant: _____

Date: _____

Notice under the Minnesota Government Data Practice Act: The City of Clarkfield collects your personal information on this form to help investigate the complaint and inform you of the results. The data from this form will be used by the City Administration Office or the person who is investigating the complaint on behalf of the City. Your personal information will be kept confidential and will not be disclosed to the person about whom you are complaining. Minnesota Statute Chapter 13

For City of Clarkfield Office Use Only	
Received By:	Date:
Affidavit Sent to:	Date Sent:
Action Taken By City/County:	