LAMBARKA FOOMKA *(FORM NUMBER)*

FOOMKA DHACDADA FALALKA BOLIISKA MINNEAPOLIS

(MINNEAPOLIS POLICE CONDUCT INCIDENT REPORT FORM)

Waxaad isticmaashaa foomkan si aad u gudbisid dacwad ka dhan ah sarkaal ka tirsan booliiska Minneapolis. Si dhamaystiran u buuxi foomkan. Hore u gudbinta foomkan waa tallaabada ugu horeysa ee dacwada. Waxaad isticmaashaa qalinka biiraha ah kuna adkeey qoraalka.Foomkan wuxuu ka kooban yahay saddex nuqulood (koobi); nuqulka midabka guduudka khafiifka leh (hoose) adiga ayaa haysanaya. Labada nuqul ee ugu sareeya waa in loo soo gudbiya **Qeybta Arrimaha Gudaha Waaxda Booliska Minneapolis Qolka 126, 350 S. 5th Street Minneapolis, MN 55415.** (fadlan ku soo dir boqshadda lagu siiyey). **Waxaa muddo shan maalmood (ee shago) gudahood ah** kula soo xiriiraya sarkaal ka socda barista (dacwooyinka) ee Waaxda Arrimaha Gudaha Sarkalkaas ayaa dacwadaada baaraya, haddii aadan ku muujin warqadda in aad u baahantahey in ay dacwadaada galaan **Guddiga Shacabka ee Dib u eegidda Dacwooyinka (Civilian Review Authority)**. Fadlan haddii aad sidaasi doonaysid calaamadee booska ku habboon ee ka sareeya booska saxiixa loogu talagalay. Haddii aad calaamadisid booskaasi waxay Waaxda Arrimaha Guduhu (Internal Affairs Unit) u wareejinaysaa Guddiga Shacabka ee Dib u éegidda Dacwooyinka (Civilian Review Authority). Haddii aad wax su'aalo ka qabtid warqaddaan fadlan wac, Waaxda Arrimaha Gudaha (Internal Affairs Unit) (612) 673-3074.

MAGACA (KA DAMBE, KA HORE, KA DHEXE) *(NAME (LAST, FIRST, MIDDLE))*	**TAARIIKHDA DHALASHADA** *(DATE OF BIRTH)*

CINWAANKA GURIGA (JIDKA, MAGAALADA, GOBOLKA, LAMBARKA XAAFADDA "ZIP") *(HOME ADDRESS (STREET, CITY, STATE, ZIP))*

TELEFOONKA GURIGA *(Home Phone)*	**TELEFOONKA SHAQADA** *(Work Phone)*	**TELEFOONKA GACANTA** *(Cell Phone)*	**LAMBARKA BAYJARKA** *(Pager)*

LAMBARKA KAYSKA DHIBKA KU SOO GAARAY(HADDII AAD TAQAANID) *(INCIDENT CASE NUMBER (IF KNOWN))*	**TAARIIKHDA/SAACADDA DHIBKA KU SOO GAARAY** *(INCIDENT DATE/TIME)*

MEESHA DHIBKU KAA SOO GAARAY (FADLAN SI TAFATIRAN U QOR) *(INCIDENT LOCATION (PLEASE BE AS SPECIFIC AS POSSIBLE))*

LAMBARKA ASKARIGA (ASKARTA) *(OFFICER BADGE NUMBER(S))*	**MAGACA ASKARIGA (ASKARTA)** *(OFFICER NAME(S))*	**LAMBARKA KOOXDA** *(SQAD NUMBER)*
MAGACA (MAGACYADA) MARKHAATIGA *(WITNESS NAME(S))*	**CINWAANKA** *(ADDRESS)*	**LAMBARKA TELEFOONKA** *(PHONE NUMBER)*

DHACDADA – FADLAN SI FAAHFAAHSAN HALKAAN UGU QOR SIDII WAX U DHACEEN *(NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL)*

LOO TIXRAACAY *(REFERRED TO)*

☐ **Guddiga Arrimaha Gudaha** *(MPD Internal Affairs Unit)* ☐ **Civilian Guddiga Shacabka ee Dib u eegidda Dacwooyinka** *(Civilian Review Authority)*

* Ogow: Waxaad codsan kartaa in dacwadaada ay baaraan Guddiga Arrimaha Gudaha ama Guddiga Shacabka ee Dib u eegidda Dacwooyinka midkooda ma aha labadooda. .Mid Kaliya Calaamadee

SAXIIXA QOFKA DACWOONAYA *(COMPLAINANT SIGNATURE)*	**TAARIIKHDA/SAACADDA** *(DATE/TIME)*
WAXAA LA HELAY *(RECEIVED BY)*	**TAARIIKHDA/SAACADDA** *(DATE/TIME)*

FOOMKAAN WAXAA LA HELI KARAA ASAGA OO SIYAABO KALE LOO QOREY. *(THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT.)*

Fadlan la xiriir Roberta Hawkins, ee ka tisan ADA , Human Resources Department 612- 673-2694. haddii maqalku kugu adagyahey ama dhago la'dahey wac: 612/ 673-2626 TTY. Isla markaa ballanso turjumaan ku takhasusay dadka dhagaha la' ama maqalku ku adagyahey si ay kaaga caawiyo buuxinta foomkaan.

WHITE: IAU YELLOW: CRA PINK: COMPLAINANT