STURGEON BAY POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Wis. SS 946.66 entitled "False complaints of police misconduct" paragraph (2) reads "Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture."

Date: _____

Complainant's Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City/State) (Zip Code)

Date of Birth: _____ Home Phone No.: _____

Cell Phone No.: _____ Email Address: _____

Incident Date and Time: _____

Incident Location: _____

Name, Badge No. and Rank of Accused Officer(s), if known, or Description: _____

_____

Witnesses to Incident:

Name _____ Age: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone No.: (_____) _____ Cell Phone No.: (_____) _____

Name _____ Age: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone No.: (_____) _____ Cell Phone No.: (_____) _____

OFFICE USE ONLY

Signature of Supervisor Taking Complaint: _____ Date/Time _____

Reviewed by Chief of Police: Date/Time _____

Investigator Assigned to: _____ Date/Time _____

Investigation Complete: Date/Time _____

Recommended action to be taken: _____

Chief's Signature: _____ Date/Time _____

Complainant Notified: Date/Time _____ By: (Mail, Telephone, Person)

STURGEON BAY POLICE DEPARTMENT
CITIZEN COMPLAINT STATEMENT

Narrative Section: Please explain fully the circumstances of your complaint.

Complainant Signature _____

Date/Time _____ Page no._____ of _____

STURGEON BAY POLICE DEPARTMENT
CITIZEN COMPLAINT STATEMENT SUPPLEMENT

Complainant Signature _____

Date/Time _____ Page no._____ of _____