



Personnel Investigations
Case Number: _____

CITIZEN COMPLAINT REPORT

Date/Time Reported: _____

Complainant: _____ Phone: _____ DOB: _____

Address: _____ City: _____ State: _____

Employee(s) Complained Against: _____

Date/Time of Occurrence: _____ Location of Occurrence: _____

Details of Complaint: _____

(Use reverse for additional space)

Signature of Complainant/Date: _____

*** Please Note: § 946.66, Wisc. Stats. Require that the following statement be included on this Form:**
If you knowingly make a false complaint regarding the conduct of a law enforcement officer, you may be subject to arrest and a \$10,000 fine. **Complainant's initials:** _____

Signature of Receiving Supervisor / Date: _____

Complaint Disposition:

- Unfounded _____
Chief of Police
- Not Sustained
- Sustained _____
Date
- Exonerated
- Policy Failure