GLENWOOD CITY POLICE DEPARTMENT

POLICE / CITIZEN COMPLAINT FORM

SUBJECT OF INVESTIGATION;

LAST NAME FIRST INITIAL

|  |  |  |
| --- | --- | --- |
| COMPLAINTANTS NAME | HOME ADDRESS: | HOME PHONE NO.# |
|  |
| **LAST** | **FIRST** | **NUMBER** | **STREET** |  |
|  |  | **CITY, STATE** | **ZIP** | **WORK TELEPHONE#** |
| WITNESSES OR OTHER COMPLAINTANTS: |
| **LAST** | **FIRST** | **NUMBER** | **STREET** | **TELEPHONE # (H)** |
| **LAST** | **FIRST** | **NUMBER** | **STREET** | **TELEPHONE #(H)** |
| **LAST** | **FIRST** | **NUMBER** | **STREET** | **TELEPHONE #(H)** |

(IF ADDITIONAL SPACE FOR WITNESSES IS NEEDED, ATTACH SEPARATE SHEET)

DATE AND TIME OF INCIDENT:

LOCATION OF INCIDENT:

DETAILS OF THE COMPLAINT *(PLEASE BE SPECIFIC):*

POLICE / CITIZEN COMPLAINT FORM

PG. -2-

DETAILS OF THE COMPLAINT (cont):

POLICE / CITIZEN COMPLAINT FORM

PG. - 3-

I, , DO HEREBY AFFIRM THAT THE

FOREGOING INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE, MISLEADING OR UNTRUE STATEMENTS, ACCUSATIONS OR ALLEGATIONS, HEREIN MADE BY ME, EITHER ORALLY OR IN WRITING, TO ANY PERSON(S) INVESTIGATING THIS COMPLAINT, MAY SUBJECT ME TO CIVIL AND/OR CRIMINAL PROSECUTION UNDER WI STATUTE 946.66 & 66.0511.

I REALIZE THAT IT MAY BECOME NECESSARY, DURING THE INVESTIGATION OF THIS COMPLAINT, FOR ME TO MEET WITH A MEMBER(S) OF THE GLENWOOD CITY POLICE DEPARTMENT TO DISCUSS THIS COMPLAINT EITHER IN THE PRESENCE OR ABSENCE OF THE ACCUSED DEPARTMENT MEMBER(S) AT THE DISCRETION OF THE DEPARTMENT. I HEREBY ACCEPT THE PREMISE THAT IF ACTION IS INITIATED THROUGH A COURT OR ADMINISTRATIVE HEARING, AS A RESULT OF MY COMPLAINT, MY TESTIMONY BEFORE THESE HEARINGS MAY BE REQUIRED. I HEREBY AGREE TO MAKE MYSELF AVAILABLE TO THE AFOREMENTIONED COURT OR ADMINISTRATIVE HEARING WHEN REQUESTED TO DO SO.

X

COMPLAINTANT'S SIGNATURE DATE / TIME

SWORN TO BEFORE ME, THIS DAY OF ,

SEAL

NOTARY PUBLIC