#### CEDARBURG POLICE DEPARTMENT

## CITIZEN COMPLAINT FORM

Wis. SS 946.66 entitled "False complaints of police misconduct". Para. (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 Nar	ne:					
	(Last)	(First)		(Midd	lle)	
	(Street)		(City/State)		(Zip Code)	
Phone No.:		4.	Date of Bir	th:		
Business Phone No	D.:	6.	Work Hour	's:		
Incident Date and	Гіте:					
Incident Location:						
Name, Badge No.	and Rank of Accused Office	r(s), if kno	wn, or Descri	ption:		
Witnesses to Incide	ent:					
Name					Age:	
Address		City _		_State	Zip Code	
Phone Number Ho	me ()	Busi	ness (	)		
Name					Age:	
Address		City _		_State	Zip Code	
Phone Number Ho	me ()	Busi	ness (	)		
	DEPARTM	MENT USE	ONLY			
. Signature of Super	Signature of Supervisor Taking Complaint			Date/Time		
. Reviewed by Chief	f of Police: Date/Time					
. Investigator Assign	Investigator Assigned to:			Date/Time		
. Investigation Comp	plete: Date/Time					
. Recommended acti	ion to be taken:					
6. Chief's Signature				Da	nte/Time	
7. Complainant Notif	ied: Date/Time		By:	(Mail, To	elephone, Person)	

# CEDARBURG POLICE DEPARTMENT

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

 Complainant Signature \_\_\_\_\_
 \_\_\_\_\_\_ of \_\_\_\_\_

 Date/Time \_\_\_\_\_ of \_\_\_\_\_
 \_\_\_\_\_ of \_\_\_\_\_

## CEDARBURG POLICE DEPARTMENT

# CITIZEN COMPLAINT STATEMENT SUPPLEMENT

Complainant Signature Date/Time	Page no of