

FOX CROSSING POLICE DEPARTMENT

CITIZEN COMPLAINT/COMPLIMENT FORM

WI State Statute §66.0511(3)

Complainant's Name: _____

Address: _____

Street

City

WI

Zip Code

Telephone #: _____

Home

Work

Cell

Briefly state the nature of the complaint/compliment: _____

WI Statute 946.66(2) "Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture."

*Use the back of this form and additional sheets if necessary. Supply the names and addresses of other person who have direct knowledge supporting this complaint.

Signature

Date

Date & Time Complaint Received

Person Receiving Complaint

Officer(s) Involved (If Known)

How was complaint received

Date Received by Chief of Police

Investigating Officer Assigned

