SPOONER POLICE DEPARTMENT

POLICE / CITIZEN COMPLAINT FORM

SUBJECT OF	INVESTIGATION;	;LAST NAME		FIRST	INITIAL
COMPLAINTANTS NAME		HOME ADD	DRESS:	HOME PHONE NO).#
LAST	FIRST	NUMBER	STREET		
		CITY, STATE	ZIP	WORK TEL	.EPHONE#
WITNESSES (OR OTHER COMF	PLAINTANTS:			
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

DETAILS OF THE COMPLAINT (cont):

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POLICE / CITIZEN COMPLAINT FORM

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 SPOONER 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.

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	COMPLAINTANT'S SIGNATURE	DATE / TIME

SWORN TO BEFORE ME, THIS _____ DAY OF _____,

SEAL

NOTARY PUBLIC