

**UWM POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

Wis. SS 946.66 entitled "False complaints of police misconduct". Paragraph (2) reads "Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture"

Date: _____

1. Complainant's Name: _____
(Last) (First) (Middle)
2. Address: _____
(Street) (City/State) (Zip Code)
3. Phone No.: _____ 4. Date of Birth: _____
5. Business Phone No.: _____ 6. Work Hour's: _____
7. Incident Date and Time: _____
8. Incident Location: _____
9. Name, Badge No. and Rank of Accused Officer(s), if known, or Description: _____

10. Witnesses to Incident:
- Name _____ Age: _____
- Address _____ City _____ State _____ Zip Code _____
- Phone Number Home (_____) _____ Business (_____) _____
- Name _____ Age: _____
- Address _____ City _____ State _____ Zip Code _____
- Phone Number Home (_____) _____ Business (_____) _____

DEPARTMENT USE ONLY

11. Signature of Supervisor Taking Complaint _____ Date/Time _____
12. Reviewed by Chief of Police: Date/Time _____
13. Investigator Assigned to: _____ Date/Time _____
14. Investigation Complete: Date/Time _____
15. Recommended action to be taken: _____
16. Chief's Signature _____ Date/Time _____
17. Complainant Notified: Date/Time _____ By: (Mail, Telephone, Person)

