

Cameron Police Department

300 N. 1st Street - PO Box 387 - Cameron, WI 54822 Office: 715-458-2117 Fax: 715-458-4235

> Anthony C. Engel Chief of Police chief@cameronwi.gov

CITIZEN COMPLAINT FORM

Date:			
Complainant's Name:			
(Last)	(First)	(Middle	
Address:			
Home Phone:	Cell Phone:		
Incident Date:	Incident Time:		
Incident Location:			
Name and rank of accused officer(s) (if known) or described	ription:		
Are you willing to meet with the Chief of the Cameron complaining about?	Police Department along	g with the officer you are	
YesNo If no, please explain:			

Complaint Procedure:

All formal citizen complaints are referred to the Chief of Police or his designee for investigation. The investigation of your complaint will be completed within 30 days unless there is court action pending. The Chief of Police or designee will contact you as to the disposition of your complaint. If your complaint is not resolved to your satisfaction, you may request a meeting with the Chief of Police to discuss the matter.

If at the time your complaint is filed, you are facing criminal or civil charges issued by the Cameron Police
Department or one of its employees, the investigation may be suspended until and hearings related to those
charges have been completed.

I, the undersigned, do hereby state that all of the above is known of by me personally, and that no threats have been made to me in reference to this complaint. I further state that this information is not hearsay. I also state that I am aware that if this statement is proven to be false because I lied, the officer is entitled to start civil action against me if he/she so desires and /or face being charged under 946.32 (false swearing, maximum penalty class H felony) and/or 946.41 (obstruction, maximum penalty class A misdemeanor).

Complainant Signature:	Date:
State of Wisconsin	
County of Barron	
This instrument was signed and sworn to before me in C	hetek WI on,
Date:	
Signature:	
My Commission expires on:	
If at the time your complaint is filed, you are facing criminal or civ Department or one of its employees, the investigation may be suspecharges have been completed.	•
I, the undersigned, do hereby state that all of the above is known of been made to me in reference to this complaint. I further state that the I am aware that if this statement is proven to be false because I lied against me if he/she so desires and /or face being charged under 94 H felony) and/or 946.41 (obstruction, maximum penalty class A minus penalty penalty penalty class A minus penalty pena	this information is not hearsay. <u>I also state that</u> <u>I, the officer is entitled to start civil action</u> 6.32 (false swearing, maximum penalty class
Complainant's Signature:	
Date:	

Witnesses:				
Name: Last	First	Mic	ddle	
	11100			
Address: Street	City	State	Zip	
Home phone:	Cell phone:			
Relationship to complainant:				
Details of the				
complaint:				