

**CUMBERLAND POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

Date: _____

Complainant's Name:

(Last) (First) (Middle)

Address:

(Street) (City/State) (Zip Code)

Phone No.: _____ Date of Birth: _____

Incident Date and Time:

Incident Location:

Name, Badge No. of Accused Officer(s), if known, or Description:

Witnesses to Incident:

Name _____ Age:

Address _____ City _____ State _____ Zip
Code _____

Phone Number Home (_____) _____

Name _____ Age:

Address _____ City _____ State _____ Zip
Code _____

Phone Number Home (_____) _____

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"

