CUMBERLAND POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

Date:					
Comp	lainant's Name:				
(Last) Addre	,	irst)	(Middle)		
(Street))	(City/State)	(Zip Code)		
Phone	No.:		Date of Birth:		
Incide	ent Date and Time:				
Incide	ent Location:				
,			nown, or Description:		
Witne	esses to Incident:				
Name				Age:	
			City	State	Zip
Code _					
	Phone Number I	Home ()			
Name				Age:	
	A ddragg		City	Stato	7in
Code	Address		City	State	zıp
	Phone Number I	Home ()			

DEPART	TMENT USE ONLY					
Signature of Supervisor Taking Complaint	Date/Time					
Reviewed by Chief of Police: Date/Time						
Investigator Assigned to:	Date/Time					
Investigation Complete: Date/Time						
Recommended action to be taken:						
Chief's Signature	Date/Time					
CUMBERLANI	By: (Mail, Telephone, Person) POLICE DEPARTMENT MPLAINT STATEMENT					
Narrative Section: Please explain fully the circumstances of your complaint.						

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"

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Complainant Signature	re.	
Date/Time of	Page no	of