Wisconsin Dells Police Department

Citizen Complaint Form

Date complaint being filed: _____

Name of individual filing complaint:_____
First – Middle Initial - Last

Date of Birth: _____
Month – Day – Year

Address: _____
Street – City – State – Zip Code

Phone (home): _____ Alt Phone (cell): _____

Witness (es) to incident (if any): _____

_____

Employee complaint being filed against: _____

Date & time of incident: _____

Location of Incident:_____

Briefly state nature of complaint (may attach additional narrative if necessary):

_____

_____

_____

_____

_____

Internal Office Use Only:

Date rec'd:_____ Time:_____ Rec'd by: _____

Origin: In Person ☐ By Phone ☐ By Letter ☐ Other ☐ _____

Receiving Supervisor: _____ Date Rec'd:_____

Initial Action Taken: _____

_____

_____

Disposition: _____

_____

_____

_____

_____

Exonerated ☐ Unfounded ☐ Not Sustained ☐ Sustained ☐ Policy Failure ☐

Supervisor making decision:_____

Date _____ Time: _____

WI Statute § 66.0511(3) requires the following notification on citizen complaint forms.

WI Statute § 946.66Whover knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.