CITIZEN/POLICE COMPLAINT FORM

STURTEVANT POLICE DEPARTMENT

PER POLICY #1010.4.1

Date – Time Received:

Complaint Taken By:

Name & Rank of person complained against Date – Time

Complainant's Name Address Phone

Witness Name Address Phone

Date – Time of Occurrence Location of Occurrence

Details of Complaint: *(Attach additional paper if necessary)*

This department will investigate all false claims made against its law enforcement officers. Knowingly making a false complaint against an officer may subject the complainant to a Class A forfeiture (Wis. Stat. 946.66; Wis. Stat. 66.0511, adopted by Village Ordinance Chapter 9)

Supervisor Signature_____ Date _____