

SOUTH MILWAUKEE POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Registration No. _____ Date Report Filed _____

Reporting Person _____ Phone _____

Address _____

Date of Birth _____ Date/Time of Occurrence _____

Location of Occurrence _____

Name of Officer/Employee _____

Or Description _____

Code: V = Victim W = Witness I = Involved Person A = Attorney			
	Name	Address	Phone
	Name	Address	Phone

Give a narrative description of the events giving rise to the complaint.

(Use reverse side of form, if more space is needed for narrative report.)

Attention: State Statute 946.66 (2) – False Complaints of Police Misconduct. Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A Forfeiture.

Certification: I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Receiving Officer _____
Receiving Officer

Signature of Reporting Person _____
Reporting Person

Subscribed and sworn before me
this _____ day of _____.

Notary Public, Milwaukee County, WI
My Commission expires on _____

