

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: _____
