Wisconsin Dells Police Department Citizen Complaint Form

Date complaint being filed:					
Name of individual filing complaint:					
Date of Birth:					
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.