CITIZEN COMPLAINT FORM

Date: _____

Form Issued By: _____

Name of Complainant: _____ Phone: _____

Address: _____

Witness # 1: _____ Witness # 2: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Date Occurrence Happened: _____ Time of Occurrence: _____

Name of Officer(s) Involved:

Statement of Complaint (Describe What Happened)

946.66 FALSE COMPLAINTS OF POLICE MISCONDUCT

(2) Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a class A forfeiture.

I have read this complaint and I certify that the facts contained therein are true and correct to the best of my knowledge. I also understand that the information supplied may be used in a court of law if further action is required.

_____

Signature of person making complaint

Additional pages may be attached to this form

Page _____ of _____

RETURN THIS FORM TO THE SHERIFF OR CHIEF DEPUTY ONLY