

McFarland Police Department
Citizen Complaint Form

Complainant Information

Address: _____ Telephone (H): _____

Name: _____ Telephone (W): _____

City: _____ State: _____ Date: _____ Time: _____

Name / Badge # of Officer(s) involved

#1: _____ #2: _____

#3: _____ #4: _____

Description of Incident

Type of Complaint: _____ Officer Conduct or _____ Department and/or Policies

Date of Occurrence: ____ / ____ / ____ Time of Occurrence: _____

Incident Location: _____

Specific Complaint: _____ Officer's Actions at scene. _____ Officer's Attitude at scene.

_____ Officer's Appearance. _____ Excessive Force by Officer.

_____ Inadequate or Unreasonable Departmental Policy _____ Other

Were you arrested and/or issued a citation? _____ Yes _____ No

Witness Information (name/address/phone)

1). _____

2). _____

Continue on Next Page

Complainant Name: _____ Date: _____

Detailed Statement of Complaint:

I have reviewed each page of this statement consisting of ____ page(s), and hereby certify that each page, bearing my signature, (any and all corrections bear my initial) is true, accurate and factual. I also have received a copy of and understand the provisions of WI State Statute Sec. 946.66, regarding making false complaints about a police officer.

Signatures:

Complainant: _____

Ranking Officer: _____

Date: _____ Time: _____ Page ____ of ____