# City of Wauwatosa Police Department
# Citizen Complaint Form
(To be completed by the complainant)

***CITIZEN INFORMATION: (Complete fully)***

Citizen's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____-_____ Current Date: _____/_____/_____Current Time: _____AM/PM

***COMPLAINT INFORMATION: (Complete as thoroughly as possible)***

Officer/Employee Name: _____

Badge or ID #: _____ Squad #_____

Physical Description: _____

***OCCURRENCE:***

Location: _____

Date of Occurrence: _____ Time of Occurrence: _____AM/PM_____

***Witness (ES):***

*Witness Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

*Witness Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

* Witness Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

| Department Use Only |
| --- |
| C/C # |
| Disposition: |

***DESCRIBE THE INCIDENT IN DETAIL: (Use second page if necessary)***

*I swear that the above statement is true and complete to the best of my knowledge. I have given this statement of my own free will without coercion and under no duress. I am fully aware that any intentionally false statement or misrepresentation of facts contained in this statement may result in the issuance of criminal or civil charges against myself and others.*

***Signed: _____***

***Date and Time of Complaint: _____***

*(Department Use Only)*

*Police Supervisor receiving complaint: _____*

*Date and time received: _____*

*Location received: _____*