



MENASHA POLICE DEPARTMENT

Citizen Complaint Form

430 First Street • Menasha • Wisconsin • 54952 • (920) 967-3500 • police@ci.menasha.wi.us

CITIZEN INFORMATION

<i>Last Name</i>		<i>First Name</i>		<i>M.I.</i>
<i>Address Street</i>				<i>Apartment #</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone #</i>	

COMPLAINT BASIC INFORMATION

<i>Date of Occurrence</i>	<i>Time of Occurrence</i>	<i>Officer(s) Involved</i>		
<i>Specific Location of Occurrence – Street</i>				
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Report Number (if known)</i>	
<i>General Description of Complaint</i>				

DETAILED DESCRIPTION OF COMPLAINT *(add sheets if needed)*

The Menasha Police Department has an obligation to investigate any allegations of misconduct to protect the integrity of the agency and its employees. Doing so also instills trust between the department and the citizens we serve. Upon receipt of this complaint, an investigation will be initiated by a supervisor. The supervisor may need to contact you to obtain further information regarding the complaint.

By signing, the complainant acknowledges they understand that knowingly filing a false report of misconduct against a law enforcement officer is a violation of the law, as outlined in §66.0511(3) and §946.66 of the Wisconsin State Statutes

<i>Complainant's Signature</i>	<i>Date</i>
<i>Witness</i>	<i>Witness Phone #</i>

Administration Use Only

<i>Date Received</i>	<i>Supervisor Received By</i>
<i>Date Assigned</i>	<i>Supervisor Assigned To</i>