

# CITIZEN COMPLAINT FORM

FOX VALLEY METRO POLICE DEPARTMENT  
200 W. McKinley Ave.  
Little Chute, Wisconsin 54140

PLEASE BE ADVISED:

1. This complaint form is intended only to deal with possible violations of the rules and regulations of the Fox Valley Metro Police Department. This form has nothing to do with any alleged violations of State or local laws pending against you or anybody else.
2. You have the right to pursue any complaint through a private attorney or directly to the Fox Valley Metro Police Commission.
3. This complaint form is an official record of the Fox Valley Metro Police Department and false statements or allegations contained herein may be subject to prosecution under Wisconsin State Statutes for false swearing or obstructing an officer.
4. If probable cause is found to charge an officer based upon this complaint, you may be required to appear as a witness at a subsequent hearing before the Fox Valley Metro Police Commission.
5. Unless you specify otherwise, this form and the Police Department's investigation into your complaint are intended to remain confidential.

**PURSUANT TO SECTIONS 66.312(3) AND 946.66 OF THE WISCONSIN STATUTES, YOU ARE NOTIFIED THAT MAKING A FALSE CITIZEN'S COMPLAINT REGARDING THE CONDUCT OF A LAW ENFORCEMENT OFFICER IS PUNISHABLE BY A FORFEITURE OF UP TO \$10,000.**

# CITIZEN COMPLAINT FORM

Please complete the following:

## 1. The Complaint Form.

Fill in all blanks: If you don't know the answer write UNK; if not applicable, write NA.

## 2. The Affidavit

The Affidavit must be notarized.

Return the forms to:

Fox Valley Metro Police Department  
200 W. McKinley Ave.  
Little Chute, Wisconsin 54140

Your (Complainant's) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Address or Location of Incident: \_\_\_\_\_

Name or Badge Number of Officer(s): \_\_\_\_\_

Name(s) of Person(s) arrested, if any: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Witnesses: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state the facts of the incident below and on the next page. Please print or type. Use additional pages if needed.

\_\_\_\_\_

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# CITIZEN COMPLAINT FORM

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STATE OF WISCONSIN )

) SS.

COUNTY OF OUTAGAMIE)

AFFIDAVIT

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\_\_\_\_\_ being first duly sworn on oath,  
deposes and says that:

1. He/she is the Complainant in the attached Citizen Complaint Form.
2. The Complainant is an adult who resides in the City, Town or Village of \_\_\_\_\_, State of Wisconsin.
3. The Complainant understands that filling out the Citizen Complaint and swearing to its truthfulness is necessary before the Fox Valley Metro Police Department carries out an official investigation into the complaint.
4. The attached Citizen Complaint Form, as completed by the Complainant, is true and correct to the best of the Complainant's knowledge and belief, either from the Complainant's personal knowledge, or from what the Complainant has been reliably told.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
ADDRESS

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_