

FOND DU LAC POLICE DEPARTMENT

Formal Complaint Form

INCIDENT INFORMATION:

Date of Incident:	Time of Incident: <div style="text-align: center; font-size: 1.2em;">AM</div>	Incident CR #:
Location of Incident:		
Complaint Type:		Complaint Against (Specific Officer, Policy, Procedure, Etc.):

COMPLAINANT INFORMATION:

First Name:	Middle Initial:	Last Name:	D.O.B.:
Address:			
City:		State:	Zip Code:
Home Phone:		Alternate Phone:	

DETAILS OF COMPLAINT:

Narrative (Attach additional pages if necessary):

SIGNATURES:

In accordance with requirements established within Wisconsin State Statute 66.0511(3), the Fond du Lac Police Department does hereby give the following notice. Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture as noted in Wisconsin State Statute 946.66(2). Providing a signature on this form acknowledges receipt of this notice.

Signature of Complainant:	Date:
Signature of Officer Taking Complaint:	Date: