



Complaint Form

INSTRUCTIONS: Please complete this form and describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. Describe what aspect(s) of the incident was improper (i.e. your specific complaint), and how it could be resolved to your satisfaction. Attach additional sheets of paper if needed.

COMPLAINANT section with fields for Name, Birthdate, Home Phone, Home Address, Apt/Space, Work Phone, City, State, Zip, Cell / Msg Phone.

INCIDENT INFORMATION section with fields for Location of Incident, Date, Time, Involved GTSO Personnel (Name, Badge No.), and Other Witness(es) (Name, Home Address, City, State, Zip, Home Phone, Other Phone).

INCIDENT DETAILS section with a large empty area for notes and a checkbox for 'Continued on Additional Pages'.

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST AN OFFICER FOR ANY IMPROPER LAW ENFORCEMENT CONDUCT UNDER WISCONSIN STATE STATUTE § 66.0511(3). WISCONSIN LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST SEVEN YEARS.

Affirmation statement: 'I have read and understood the above statement. I hereby certify that the above facts are true and correct. I acknowledge that under Wisconsin State Statute § 946.66, civil action can be brought against me for knowingly filing a false complaint.' Includes signature and date lines.

OFFICE USE ONLY section with fields for Receipt Method, Receipt Disposition, Receiving Employee Name, SUPERVISOR DISPO, and various checkboxes for incident classification and handling.