Dodgeville Police and Fire Commission

Citizen Complaint Form

111 W. Merrimac Street

Dodgeville, WI 53533

(608)-935-3238

Complainant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accused Police/Fire Officer (s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses: (Provide names, addresses and phone)

1.

2.

3.

Alleged Misconduct: (Provide specific details including date, time, and location of incident. Attach pages as necessary.)

State of Wisconsin

City of Dodgeville

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being first duly sworn on oath, depose and say that I am the complainant in the above entitled action; that, I have read the foregoing complaint consisting of \_\_\_ pages and know the contents thereof; that the same is true of my own knowledge, except as to those matters stated therein on information and belief and as to those matters I believe them to be true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint’s Signature Parent or Guardian’s Signature (if minor)

Subscribed and sworn to before me

This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Wisconsin

My Commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_