



CITY OF GLENDALE POLICE DEPARTMENT
5909 N. Milwaukee River Parkway
Glendale, WI 53209

CITIZEN COMPLAINT FORM

<i>Citizen Information</i>	
Name:	
Address:	
City, State, Zip:	
Telephone:	email:
Date & Time of Incident:	
Location of Incident:	

Briefly state the nature of the complaint, supplying the names, addresses and telephone numbers of other persons who have direct knowledge supporting this complaint. Use the back of this form if additional space is needed.

_____ *Signature of Complainant*

NOTICE: Whoever knowingly makes a false complaint regarding the conduct of a Law Enforcement Officer is subject to a Class A forfeiture under Wisconsin Statute 946.66.

<i>For Police Department Use</i>	
_____ <i>Date & Time Complaint Received</i>	_____ <i>Supervisor Accepting Complaint</i>
_____ <i>Officer(s) Involved</i>	_____ <i>How Complaint Received (in person, mail, phone)</i>
_____ <i>Date Received by Internal Investigating Authority</i>	_____ <i>Investigating Officer Assigned</i> _____ <i>Date</i>