



City of Jefferson Police Department

425 Collins Road
Jefferson, Wisconsin 53549
Telephone (920)674-7702
Fax (920)674-7702

Kenneth M. Pileggi,
Chief of Police

CITIZEN COMPLAINT FORM **COMPLAINT #** _____

Please Print Legibly

INFORMATION ABOUT YOU

Last Name: First Name: Middle Initial:
Birth Date: Address:
City: State: Zip Code:
Home Phone: Cell Phone:

INFORMATION ABOUT THE INCIDENT

Date of Incident: Time of Incident AM PM
Location of Incident:

INFORMATION ABOUT POLICE DEPARTMENT EMPLOYEE

Name(s) of Police Department Employee(s) involved:
If name(s) no known, physical description of employee(s):

STATEMENT / DESCRIPTION OF INCIDENT

Describe the incident in detail:

(You may use additional sheets of paper to continue or submit a separate written statement)

WITNESSES / OTHERS INVOLVED

Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Birth Date: _____ **Address:** _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Birth Date: _____ **Address:** _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____

(You may use additional sheets if necessary to list other involved persons/witnesses)

DESIRED OUTCOME

Did you speak to a supervisor of the City of Jefferson Police Department regarding this incident? **YES NO**

If yes, please indicate the name of the supervisor you spoke to: _____

Would you like to speak with a supervisor prior to making a formal complaint? **YES NO**

What would you like to happen as a result of filing this complaint?:

Complainant's signature

Date

DO NOT WRITE BELOW / FOR DEPARTMENT USE ONLY

Date Received:

Supervisor receiving complaint:

Type of Complaint:

Finding: Sustained
Not Sustained
Exonerated
Unfounded