CITIZEN COMPLAINT FORM

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RACINE POLICE DEPARTMENT 730 Center Street Racine, Wisconsin 53403

ATTENTION:	Staff Investigator Internal Affairs Section			
	Internal Affairs Section	Date		

PLEASE BE ADVISED:

- 1. This complaint form is intended only to deal with possible violations of the rules and regulations of the Racine Police Department. This form has nothing to do with any alleged violations of State or local laws pending against you or anybody else.
- 2. You have the right to pursue any complaint through a private attorney or directly to the Racine Police and Fire Commission.
- 3. This complaint form is an official record of the Racine Police Department and false statements or allegations contained herein may be subject to prosecution under Wisconsin State Statutes for false swearing or obstructing an officer.
- 4. If probable cause is found to charge an officer based upon this complaint, you may be required to appear as a witness at a subsequent hearing before the Racine Police and Fire Commission.
- 5. Unless you specify otherwise, this form and the Police Department's investigation into your complaint are intended to remain confidential.

PURSUANT TO SECTIONS 66.312(3) AND 946.66 OF THE WISCONSIN STATUTES, YOU ARE NOTIFIED THAT MAKING A FALSE CITIZEN'S COMPLAINT REGARDING THE CONDUCT OF A LAW ENFORCEMENT OFFICER IS PUNISHABLE BY A FORFEITURE OF UP TO \$10,000.

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Please complete the following:

- 1. The Complaint form (below). Fill in all blanks: If you don't know the answer write UNK; if not applicable, write NA.
- 2. The Affidavit (attached). The Affidavit must be notarized.

Return the forms to: Racine Police Department Internal Affairs Section

Internal Affairs Section 730 Center Street Racine, Wisconsin 53403

Your (Complainant's) Name:	Date of Birth:		
Address:	Telephone No.		
Date of Incident:		Time:	
Address or Location of Incident:			
Name or Badge Number of Officer(s):			
Name(s) of Person(s) arrested, if any:			
Charge(s):			
Witnesses:	Address:		
	_		
	_		

Please state the facts of the incident below and on the next page. Please print or type. Use additional pages if needed.

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Continuation of complaint.

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STATE OF WISCONSIN))						
)	SS.					
COL	JNTY OF RACINE)			AFFIDAVIT			
					being first duly sworn on oath,			
dep	oses and says that:							
1.	He/she is the Compl	aina	nt in the attached C	itizen Complaint Fo	orm.			
2.	The Complainant is State of Wisconsin.	an a	dult who resides in t	the City/Township o	of			
3.								
4.	it says and what the Complainant has answered. The Complainant understands that filling out the Citizen Complaint and swearing to its truthfulness is necessary before the Racine Police Department carries out an official investigation into the complaint.							
5.	•		•		-			
0.	5. The attached Citizen Complaint Form, as completed by the Complainant, is true and correct to the best of the Complainant's knowledge and belief, either from the Complainant's personal knowledge, or from what the							
	Complainant has bee	en re	liably told.					
				SIGNA	ATURE OF COMPLAINANT			
				ADDRI	T00			
				ADDKI	E55			
	scribed and sworn to re me this	day	of					
Nota	ry Public							
Му С	Commission Expires:	_						