Chippewa Falls Police Department Citizen Complaint Form

Date of Incident	Department CFS Number	Citizen Complaint Number	
Location of Incident			
Complainant Full Name		Complainant DOB	
Complainant Address		Complement Telephone Number	
-		Complainant Telephone Number	
Complainant Work Address		Complainant Work Telephone Number	
Name of employee(s)	nvolved if known		
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Describe behavior of officers(s) believed to be inappropriate:			

List of all persons prese	ent (address and phone if known):		

Wisconsin Statute 946.66 (False Complaints of Police Misconduct) provides for a forfeiture of up to \$ 10,000 for making a false complaint on the conduct of a law enforcement officer.			
Complete description of incident:			
	PROJECT CONTRACTOR CON		
Additional pages attached			
The above information is true and accurate to the best of m Complainant Signature	y knowledge Date		
Signature of Supervisor taking complaint	Date		
Number of pages in complaint			