

CITIZEN COMPLAINT FORM

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RACINE POLICE DEPARTMENT
730 Center Street
Racine, Wisconsin 53403

ATTENTION: Staff Investigator
 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
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.

COUNTY OF RACINE)

AFFIDAVIT

_____ being first duly sworn on oath,
deposes and says that:

1. He/she is the Complainant in the attached Citizen Complaint Form.
2. The Complainant is an adult who resides in the City/Township of _____
State of Wisconsin.
3. The Complainant has read the attached Citizen Complaint Form and understands what
it says and what the Complainant has answered.
4. 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. 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 been reliably told.

SIGNATURE OF COMPLAINANT

ADDRESS

Subscribed and sworn to
before me this _____ day of _____

Notary Public

My Commission Expires: _____