



# City of Burlington Police Department Citizen Complaint Form

Date/Time Reported: \_\_\_\_\_

Complainant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone No: \_\_\_\_\_

Officer/Employee Complaint Against: \_\_\_\_\_

Date/Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please Note § 946.66 of the Wis. Stats. Requires that the following statement be included on this form:**

*If you knowingly make a false complaint regarding the conduct of a law enforcement officer, you may be subject to arrest and a \$10,000.00 fine.* Complainant's Initials: \_\_\_\_\_

Signature of Receiving Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Handled: \_\_\_\_\_ Informally \_\_\_\_\_ Formally

Supervisor's response to the above allegation: (Attach additional page(s) and/or *Employee Intervention Corrective Action Record* if applicable)

\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Complaint Disposition:

Unfounded

Not sustained

Sustained

Exonerated

Policy Failure

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

Personnel Investigations  
Case No.:

\_\_\_\_\_  
Investigator Assigned:

\_\_\_\_\_