

JUNEAU POLICE DEPARTMENT
128 E Cross St, P. O. Box 85
Juneau WI 53039
(920) 386-4810

CITIZEN COMPLAINT FORM

Complainant' Name: _____
(Name is required)

Address: _____

Telephone #: _____ **email address:** _____

Date & Time of Report: _____ **Date & Time of Incident:** _____

Witness(s)	1. _____	2. _____
	Name	Name
	_____	_____
	Street Address	Street Address
	_____	_____
	City, State, Zip	City, State, Zip
	_____	_____
	Telephone #	Telephone #

Details of Complaint:

NOTE: Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture, Wisconsin Statutes §946.66(2)

Signature is required

Date: _____

This form can be either mailed, hand delivered or emailed. Email to: dbeal@cityofjuneau.net