

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

CITIZEN COMPLAINT FORM

Complainant's Full Name: _____
(Name is required)

Address: _____

Telephone #: _____ email address: _____

Date & Time of Report: _____

Date & Time of Incident: _____

Witness(s) 1. _____
Name

Street Address

City, State, Zip

Telephone #

2. _____
Name

Street Address

City, State, Zip

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

Updated 9/24/2020