



## CITIZEN COMPLAINT FORM

### WEST SALEM POLICE DEPARTMENT

175 S. Leonard St.

West Salem, Wisconsin 54669

608-786-0407 Fax: 608-786-3359

[www.westsalempolice.org](http://www.westsalempolice.org)

ATTENTION: Chief C. Ashbeck

\_\_\_\_\_  
Date

#### PLEASE BE ADVISED:

1. This complaint form is intended only to deal with possible violations of the rules and regulations of the West Salem Police Department. This form does not address 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 West Salem Law Enforcement Committee.
3. This complaint form is an official record of the West Salem 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 West Salem Law Enforcement Committee.
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.**

# **CITIZEN COMPLAINT FORM**

Please complete the following:

1. The complaint form (below). Fill in all blanks: If you don't know the answer, write UNK. If question is not applicable, write N/A.
2. The Affidavit (attached). The Affidavit must be notarized.

Return all forms to:                   **West Salem Police Department**  
  **175 S. Leonard St.**  
  **West Salem, WI 54669**

Complainant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
  First                    M.I.                    Last

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Address or Location of incident: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of Person(s) arrested, if any: \_\_\_\_\_

Charges(s): \_\_\_\_\_

West Salem Police Case # (if known): \_\_\_\_\_

### **Witnesses:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_





# CITIZEN COMPLAINT FORM

STATE OF WISCONSIN )

) SS.

COUNTY OF LA CROSSE )

AFFIDAVIT

\_\_\_\_\_ being first duly sworn on oath, deposes and says that:  
(Complainant's name)

1. He/She is the Complainant in the attached Citizen Complaint Form.
2. The Complainant is an adult, who resides in the City/Village/Township of \_\_\_\_\_, in the 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 West Salem 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 \_\_\_\_\_  
day month

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_