

# WEST SALEM POLICE DEPARTMENT

## CITIZEN COMPLAINT PROCEDURE

ATTENTION: CHIEF OF POLICE

DATE: \_\_\_\_\_

### **PLEASE BE ADVISED:**

1. This form is intended for use by those wishing to file a specific complaint about the actions or conduct of an Officer of the West Salem Police Department or about the Department's policies or practices. 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 Village of West Salem's Law Enforcement Committee.
3. 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.
4. Unless you specify otherwise, this form and the Police Department's investigation into your complaint are intended to remain confidential.
5. This Citizen Complaint form is an official record of the West Salem Police Department. False statements or allegations contained herein may be subject to prosecution under Wisconsin State Statutes, or Village Ordinance, for false swearing or obstructing an officer pursuant to Wisconsin State Statutes 66.312(3,) 946.66, or Village Ordinance 2.01J punishable by a forfeiture of up to \$10,000.

Please Complete and this packet to:

**West Salem Police Department  
Attn: Chief of Police  
175 S. Leonard St.  
West Salem, WI 54669**

Complainant's Initials: \_\_\_\_\_



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### COMPLAINANT'S INFORMATION

Please complete the following:

1. Fill in all blanks. If the answer is unknown, write UNK. If question is not applicable, write N/A.
2. The Affidavit (attached). The Affidavit must be notarized.

#### NAME OF COMPLAINANT

<i>FIRST</i>	<i>MIDDLE</i>	<i>LAST</i>	

#### COMPLAINANT'S BIRTH DATE

<i>Month</i>	<i>Day</i>	<i>Year</i>
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#### COMPLAINANT'S ADDRESS

<i>House #</i>	<i>Street</i>
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<i>City</i>	<i>State</i>	<i>Zip</i>
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#### COMPLAINANT'S TELEPHONE #

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#### COMPLAINANT'S EMAIL ADDRESS #

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### IF ASSISTING THE COMPLAINANT IN COMPLETING THIS FORM

#### NAME OF INDIVIDUAL ASSISTING COMPLAINANT

<i>FIRST</i>	<i>MIDDLE</i>	<i>LAST</i>

*Physical Address*

*Telephone #*

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Complainant's Initials: \_\_\_\_\_

# WEST SALEM POLICE DEPARTMENT

## CITIZEN COMPLAINT PROCEDURE

### INCIDENT INFORMATION

**WEST SALEM POLICE CASE NUMBER IF KNOWN**

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**DATE OF INCIDENT**

<i>Month</i>	<i>Day</i>	<i>Year</i>
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**APPROXIMATE TIME OF INCIDENT**

<i>From:</i>	<i>To:</i>
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**LOCATION OF INCIDENT**

<i>House#</i>	<i>Street</i>
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<i>City</i>	<i>State</i>	<i>Zip</i>
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**NAME OF PERSON(S) ARRESTED/DETAINED/ OR CITED**

1.
2.

**DO YOU HAVE VIDEO, AUDIO, or OTHER EVIDENCE THAT MAY ASSIST THIS INVESTIGATION?** *(Check Below)*

YES ☐      NO ☐      ☐ IT EXISTS, CAN BE FOUND HERE: \_\_\_\_\_

**Please Describe the Evidence:** \_\_\_\_\_

### KNOWN WITNESSES

**WITNESS 1**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

**WITNESS 2**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_



Complainant's Initials: \_\_\_\_\_

**PLEASE STATE THE FACTS OF THE INCIDENT BELOW. USE ADDITIONAL PAGES IF NECESSARY. DESCRIBE THE INCIDENT WITH AS MUCH DETAIL AS POSSIBLE. PRINT LEGIBLY OR TYPE YOUR STATEMENT AND ATTACHED IT.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.A police badge for the West Salem Police. It is a silver-colored badge with a five-pointed star in the center. The star has a blue field with a white seal of the State of Oregon. The word "POLICE" is at the top, "WEST SALEM" is on the sides, and "OFFICER" is at the bottom. "EST. 1851" is written on a banner across the bottom of the star.

[illegible]A police badge for the West Salem Police. It is a silver-colored shield-shaped badge with a blue star in the center. The word "POLICE" is at the top, "WEST SALEM" is on the sides, and "OFFICER" is at the bottom. The star has "EST. 1851" on it.

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# WEST SALEM POLICE DEPARTMENT

## CITIZEN COMPLAINT PROCEDURE

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: \_\_\_\_\_

NOTARY  
SEAL

Complainant's Initials: \_\_\_\_\_

