CITIZEN
COMPLAINT
FORM

New Richmond Police Department
1443 Campus Drive
New Richmond, WI 54017
(715) 246-6667

I. New Richmond Police and Fire Commission

i. Pursuant to section 32.13(5) of the Wisconsin State Statutes you may, as an alternative, file your complaint against a sworn officer directly with the Police and Fire Commission, using the following address

President
New Richmond Police and Fire Commission
1443 Campus Drive
New Richmond, WI 54017

ii. Unless the complaint is against the Chief of Police, a complaint filed with the commission will be referred to the Chief for informal resolution. If the complaint is not resolved by the Chief to the satisfaction of the complainant, the complainant may request a formal hearing before the Commission, provided that he or she shall file a written request with the President of the Commission within thirty (30) days of written notification from the Chief regarding the disposition of the complaint.

iii. Filing of a complaint on the Department's Citizen Complaint Form will be considered as a voluntary waiver by the complainant of his or her right to file a complaint directly with the Police and Fire Commission.

II. Finance/Personnel Committee

i. A complaint against a non-sworn employee may be alternatively made to the City Administrator at City Hall. These complaints are referred to the Department Head, in the case the Chief of Police, for informal disposition. Should this disposition not be to the satisfaction of the complainant, the complaint may be referred to the City Administrator for review by the Finance/Personnel Committee.

III. Complaint Procedure

i. Investigation of any complaint filed with the Department's Citizen Complaint Form will be completed within thirty (30) days, at which time the complainant will be provided a written disposition from the Chief of Police. If the complaint is not resolved to the satisfaction of the complainant, the complainant may either request a meeting with the Chief of Police to discuss the matter, or file a written request for further action as described in the above procedures. Any written request for further action must be within thirty (30) days of receiving written notification from the Chief regarding the disposition of the complaint.

ii. The Police and Fire Commission, or Finance/Personnel Committee shall review all investigative reports of the incident and any supporting or conflicting documentation and in their discretion, either schedule a formal hearing for place the complaint on file.

CITIZEN COMPLAINT FORM

Date: _____

INFORMATION ABOUT PERSON FILING COMPLAINT

Complainant's Name: _____
(Last) (First) (Middle)

Address:_____

Phone Number:_____ Date of Birth: _____

Business Phone Number:_____ Work Hours: _____

Incident Date and Time: _____

INFORMATION ABOUT PERSON NAMED IN THE COMPLAINT

Name: _____ Rank: _____

If above info is not known, provide description: _____

_____

WITNESS(ES) TO INCIDENT

I. Name: _____
(Last) (First) (Middle)

Address: _____

Phone Number: _____ Work Phone Number: _____

II. Name: _____
(Last) (First) (Middle)

Address: _____

Phone Number: _____ Work Phone Number: _____

If necessary, add additional witness names on the back of the form.

DETAILS OF THE COMPLAINT: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

May we contact you further? (circle one) YES ☐ NO ☐

Are you willing to present testimony at a hearing if needed? (circle one) YES ☐ NO ☐

What disposition of this matter do you feel is appropriate? _____

_____

_____

Any other Information you wish to provide? _____

_____

_____

_____

_____

If necessary, add any additional information to the back of the form.

CITIZEN COMPLAINT FORM

PENALTY FOR FLASE SWEARING
Pursuant to Wisconsin State Statute 946.32(1)(a), whoever under oath of affirmation makes or scribes a false statement which he or she does not believe is true, when such oath of affirmation is authorized of required by law or is required by any public officer of governmental agency as a prerequisite to such officer or agency taking some official action is guilty of Class D Felony.

Thank you for completing this form, with is necessary for proper investigation and resolution of this complaint.

NOTARY PUBLIC ST. CROIX COUNTY
STATE OF WISCONSIN

Signed: _____

Subscribed and Sworn to before me by the said _____

On this _____ day of _____ 20_____

Notary Signature:_____

My Commission expires: _____