

SHERIFF'S DEPARTMENT

County of La Crosse

LA CROSSE COUNTY CITIZEN COMPLAINT FORM

DATE _____ TIME STARTED _____ A.M. P.M. CASE NO. _____

NAME OF COMPLAINANT _____

ADDRESS _____ PHONE _____

WITNESS #1 _____ ADDRESS _____ WITNESS #2 _____ ADDRESS _____

PHONE _____ PHONE _____

DATE OCCURENCE HAPPENED _____ (MONTH) _____ (DAY) _____ (YEAR)

TIME OF OCCURENCE _____ A.M. P.M.

NAME OF OFFICER(S) INVOLVED

STATEMENT OF COMPLAINT (DESCRIBE WHAT HAPPENED)

WAS A POLICE VEHICLE INVOLVED? YES NO

IF YES, WAS IT A COUNTY STATE OR LOCAL POLICE VEHICLE? _____

I HAVE READ THIS COMPLAINT AND I CERTIFY THAT THE FACTS CONTAINED THEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THE INFORMATION SUPPLIED MAY BE USED IN A COURT OF LAW IF FURTHER ACTION IS REQUIRED.

SIGNATURE OF PERSON MAKING COMPLAINT

TIME OF STATEMENT COMPLETED _____ A.M. P.M.

ADDITIONAL PAGES MAY BE ATTACHED TO THIS FORM.
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