



PLYMOUTH POLICE AND FIRE DEPARTMENTS CITIZEN COMPLAINT FORM

Department: Police: _____ Fire: _____ Date: _____

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

Date of Birth: ____ / ____ / ____ Sex: _____

Address: _____

Home Phone: _____ Work Phone: _____ Work Hours: _____

Nature of Complaint: _____

Date/Time of Incident: _____

Location of Incident: _____

Employee(s) Involved: _____
(Name of Accused and Rank, if known, or description)

Witness(s) to the Incident:

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

Address: _____

Home Phone: _____ Work Phone: _____ Work Hours: _____

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

Address: _____

Home Phone: _____ Work Phone: _____ Work Hours: _____

If necessary, add additional witness names on a separate sheet.

Details of the Complaint: _____

By signing this form, I swear and affirm that the contents of the complaint are true and correct to the best of my knowledge.

Signature: _____ Date: _____
(Complainant)

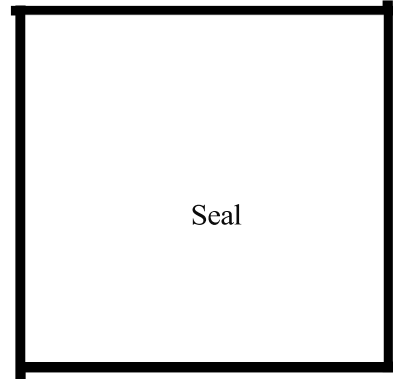
Subscribed and sworn before me this

_____ day of _____

in _____ County, Wisconsin

Notary Public, State of Wisconsin

My Commission Expires: _____



FOR OFFICIAL USE ONLY

Internal Investigation Case Number: _____

Date complaint received: _____

Employee Taking Complaint: _____

Investigating Supervisor: _____

Final Disposition: Sustained Not Sustained Exonerated Unfounded
(Check One)

Investigating Supervisor's Summary Report:

Date Complainant was notified of investigation results: _____

Method of notification: _____

Signature of Supervisor: _____