**UNIVERSITY OF WISCONSIN-PARKSIDE**

 **POLICE DEPARTMENT**

CITIZEN COMPLAINT STATEMENT FORM

Complainant Name: DOB:

# Address: Phone:

I, , give the following statement to

of the UW-Parkside Police Department. I am making this statement freely and voluntarily and understand that:

1. The UW-Parkside Police Department has an obligation to investigate the alleged wrongdoing of any of its employees and will investigate the situation or circumstances as I have presented them in my statement.

2. The officer involved in this situation may be subject to discipline by the UW-Parkside Police Department and/or prosecuted for violations of the law.

3. I may be subpoenaed and required to testify under oath in a civil or criminal proceeding pertaining to my statements.

4. **Knowingly filing a false report of misconduct against a law enforcement officer is a violation of the law and is punishable by a fine of up to $10,000 pursuant to Wisconsin ss946.66.**

Knowing this, I hereby give the following statement:

The above statement is true and correct to the best of my knowledge. Any erasures, strikeouts, additions or corrections have been initialed by me.

# Signature (Full name) Date/Time

WITNESS: Date/Time: