

**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 statute 946.66.
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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: _____