



Nekoosa Police Department Citizen Complaint Process

The Nekoosa Police Department takes allegations of police misconduct seriously and has developed this packet to assist you in better understanding the process.

There are two forms of complaints, formal and informal. Formal complaints are made in writing and are reserved for serious misconduct allegations such as corruption, misuse of force, civil rights violations, or criminal misconduct. Due to the serious nature of these allegations you must swear an oath before a notary public regarding your identity and the validity of your complaint. Informal complaints can be made verbally or in writing to the Chief or Assistant Chief for perceived minor infractions or inappropriate behavior. Both are important and will be thoroughly investigated.

The attached Complaint/Allegation form should only be used to report allegations of police misconduct. Disagreements over the merits of an arrest, citation, or ticket do not come under the purview of the complaint process.

Generally, complaint investigations are concluded within 30 days, unless the Chief of Police extends that time due to extenuating circumstances. The officer or employee named in the complaint will be notified of the complaint and its substance, unless doing so would hinder the investigation.

Person(s) making false statements in their complaints may be in violation of Wisconsin §946.66, §946.32 and/or §946.41 and could be criminally prosecuted.

If you have any questions regarding the complaint process, please call the Nekoosa Police Department at 715-886-7891.

Completed forms may be dropped off at the Nekoosa Police Department or mailed to the following address:

Nekoosa Police Department
Attn: Police Chief
951 Market Street
Nekoosa, WI 54457



Nekoosa Police Department
Employee Misconduct Complaint/Allegation Form

Statement of:	<u>Department Use Only:</u>
Name: _____	Complaint appears to be:
Address: _____	<input type="checkbox"/> FORMAL <input type="checkbox"/> INFORMAL
_____	Form was submitted by:
D.O.B. _____	<input type="checkbox"/> Aggrieved Individual
Home Phone: _____	<input type="checkbox"/> Witness to the misconduct
Cell Phone: _____	This statement consists of _____ total pages
Best time to be contacted: _____	and was received on _____.
	_____ (Date) (Time)
	Employee Receiving Form: _____.

I want to complain about (police employee, badge number, car number):

Because on (date) _____ at about (time) _____,

located at _____

What would you like to see happen as a result of your complaint?

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Complainant's Certification:

"I hereby certify that to the best of my knowledge, and under penalty of perjury, that the statements made herein are true."

Signature

Date

Subscribed and sworn to before me
On the ____ day of _____, 2014.

Notary Public for the State of Wisconsin

My Commission expires _____.