

## Chetek Police Department

P.O. Box 537 • 101 Moore Street • Chetek, WI 54728
Phone (715) 924-3686 • Fax (715) 924-2855
Administrative (715) 924-4711
Drug Tip Line (715) 925-DRUG (3784)
Chief Ron Ambrozaitis
Lieutenant Jessica Larson

## CITIZEN COMPLAINT FORM

Date:			
Complainant's Name	:		
	(Last)	(First)	(Middle
Address:			
Home Phone:		Cell Phone:	
Incident Date:			
Incident Location:			
Name and rank of acc	cused officer(s) (if known)	or description:	
Are you willing to mo		ne Lieutenant of the Chetek Police	ce Department along with the
Yes	No If no, please expla	iin:	

## **Complaint Procedure:**

All formal citizen complaints are referred to the Chief of Police or his designee for investigation. Investigation of your complaint will be completed within 30 days unless there is court action pending. The Chief of Police or designee will contact you as to the disposition of your complaint. If your complaint is not resolved to your satisfaction, you may request a meeting with the Chief of Police to discuss the matter.

If at the time your complaint is filed, you are facing criminal or civil charges issued by the Chetek Police Department or one of its employees, the investigation may be suspended until and hearings related to those charges have been completed.

I, the undersigned, do hereby state that all of the above is known of by me personally, and that no threats have

been made to me in reference to this complaint. I further state that this information is not hearsay. I also state that I am aware that if this statement is proven to be false because I lied, the officer is entitled to start civil action against me if he/she so desires and /or face being charged under 946.32 (false swearing, maximum penalty class H felony) and/or 946.41 (obstruction, maximum penalty class A misdemeanor). Complainant Signature: State of Wisconsin **Count of Barron** This instrument was signed and sworn to before me in Chetek WI on Signed by , Notary Public

My Commission expires on

## Witnesses: Name:\_\_\_\_ First Middle Address: Street City State Zip Home phone: Cell phone: Relationship to complainant: Details of complaint: