

# CITY OF WAUPACA POLICE DEPARTMENT

124 S. Washington St Waupaca WI 54981  
715-258-4400

Dear Citizen,

Attached you will find the Waupaca Police Department's Complaint Against Member/Department Statement form. Please read this letter carefully before completing the forms, it will explain the various options and procedures available for filing a complaint.

You may decide to take your complaint directly to the Waupaca Police Commission. For further directions on that process please review the last page of the Complaint Statement form. In some cases the Department or officers involved may take your complaint to the Police Commission. Any proceeding before the Police Commission is public. Documents related to Police Commission proceedings are public records and are generally disclosable under Wisconsin Law.

Any written complaint submitted to us is a public record. This means that upon request the department may be subject to disclosure to news media or any person requesting the documents. If you request confidentiality the Department will make every legal effort to respect that request, however, it is not possible to guarantee confidentiality. The Department is required by State Law to inform you that **"whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture."**

If you decide to file a complaint with the Department and want it to be a formal complaint, the "Attestation and Notary Form" should be completed and notarized. The Department can assist you with this upon completing the complaint.

If a complaint is not notarized it will be treated as an Informal Complaint. Both Formal and Informal complaints are investigated. In either case please complete the Statement form with as much detail as possible including specific dates, times, witnesses, officer names, badge numbers, and descriptions of officers involved and why you feel the officers conduct was inappropriate.

Finally, be sure to sign the Complaint form.

Completed complaints can be mailed, faxed, or dropped off in person to the Chief of Police.  
The address is:

Chief of Police  
Waupaca Police Department  
124 S Washington St  
Waupaca, WI 54981

# Complaint against Member/Department Form

Department Use Only  
ICN# \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First M.I. Last

ADDRESS \_\_\_\_\_  
Number and Street City State Zip Code

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ Best Time to contact you \_\_\_\_\_ AM / PM  
Home Work

Please Check One: This is a (\_\_\_\_) Formal Complaint—Notarized Attestation must be completed (\_\_\_\_) Informal Complaint\*

This Statement is being given by: (\_\_\_\_) Aggrieved Party (\_\_\_\_) Witness

**WITNESSES TO INCIDENT:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
First M.I. Last

ADDRESS \_\_\_\_\_  
Number and Street City State Zip Code

PHONE (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
Home Work

**COMPLAINT INCIDENT**

INCIDENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_ AM / PM INCIDENT # If Known \_\_\_\_\_

LOCATION \_\_\_\_\_

NAME/BADGE NUMBER/ OF ACCUSED OFFICER(S), IF KNOWN OR DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF COMPLAINT:** (Use next page or attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The Department is required by State Law to inform you that “***whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture***” Wisconsin State Statute 946.66(2)

**Department Use Only:** Received On \_\_\_\_\_ Referred To: \_\_\_\_\_

(\_\_\_\_) Formal (\_\_\_\_) Notarized Attestation Attached (\_\_\_\_) CRN Assigned  
(\_\_\_\_) Informal  
CC: \_\_\_\_\_



**CITY OF WAUPACA  
POLICE DEPARTMENT**

124 S Washington Street Waupaca WI 54981  
715-258-4400

**FORMAL COMPLAINT  
FORM REQUIRED FOR ATTESTATION AND NOTARY**

State of Wisconsin)  
  )ss  
County of Waupaca)

\_\_\_\_\_, being first duly sworn on oath, deposes and says

(Printed Name of Complainant)

that he/she is the complainant in the described in the following pages; and he/she has read the foregoing complaint and knows the content thereof; that the same are true and complete to his/her own knowledge, except as to those matters therein stated upon information and belief, and as to those matters he/she believes to be true.

WISCONSIN STATUE 946.32. FALSE SWEARING:

(1) Whoever does the following is guilty of a Class "D" Felony.

(a) Under oath or affirmation makes or subscribes a false statement which (s)he does not believe is true, when such oath or affirmation is authorized or required by law, or is required by any public officer or governmental agency as a prerequisite to such officer or agency taking some official action.

**OATH TO BE ADMINISTERED BY NOTARY:**

Do you solemnly swear that the facts contained in the complaint which you have filed are true and correct to the best of your knowledge, so help you God?

\_\_\_\_\_  
Complainant's Signature Under Oath

\_\_\_\_\_  
Translator/Signer, if applicable

WITNESS:

\_\_\_\_\_

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Wisconsin

My Commission is (permanent) or (expires on \_\_\_\_\_).