

HOBART-LAWRENCE POLICE DEPARTMENT



CITIZEN COMPLAINT STATEMENT FORM

Complainant Name: _____ DOB: _____

Address: _____ Phone # _____

I, _____, give the following statement to _____ of the Hobart-Lawrence Police Department. I am making this statement freely and voluntarily and understand that:

1. The Hobart-Lawrence 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 Hobart-Lawrence 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: _____