



## Citizen Complaint Form

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ATTENTION: Chief C. Ashbeck

PLEASE BE ADVISED:

1. This complaint form is intended to investigate possible violations of the rules and regulations of the Onalaska Police Department. This form does not address alleged violations of State or Local laws pending against you or anybody else.
2. You have the right to pursue any complaint through a private attorney or directly to the Onalaska Police & Fire Commission.
3. This complaint form is an official record of the Onalaska Police Department, and false statements or allegations contained herein may be subject to prosecution under Wisconsin State Statutes.
4. If probable cause is found to charge an officer based upon this complaint, you may be required to appear as a witness at a subsequent hearing before the Onalaska Police & Fire Commission and/or a court of law.

For any questions regarding this form, please call the Onalaska Police Department at: (608) 781-9550.

# CITIZEN COMPLAINT FORM

Please complete the following steps:

1. Complete the complaint form (below). Fill in all blanks: If you don't know the answer, write UNK. If question is not applicable, write N/A.

Return all forms to:     **Onalaska Police Department**  
                                  **ATTN: Chief of Police**  
                                  **415 Main St.**  
                                  **Onalaska, WI 54650**

Complainant Information		
Name:	_____	_____
	(Last)	(First)
		(Middle Initial)
Address:	_____	
Home phone:	_____	Cell phone: _____
		Work phone: _____
Date of Birth:	_____	Email: _____
		Work hours: _____

Employee Involved		
Name:	_____	Badge #: _____
		Rank/Title (if known): _____
If above unknown, description of employee: _____		
_____		

Incident Information		
Date: _____	Time: _____	Case # (if known): _____
Location: _____		

Witness Information		
<i>(Additional witness names can be added to the back of the form)</i>		
Name:	_____	_____
	(Last)	(First)
		(Middle Initial)
Address:	_____	
Home phone:	_____	Cell phone: _____
Name:	_____	_____
	(Last)	(First)
		(Middle Initial)
Address:	_____	
Home phone:	_____	Cell phone: _____

**Details of Complaint**

**Filing of False Reports**

Pursuant to Wisconsin Statute Section 946.66(2), whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture of up to \$10,000. Additional penalties may apply.

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**Signature**

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ (printed name: \_\_\_\_\_) Date: \_\_\_\_\_

OPD Supervisor signature: \_\_\_\_\_ (printed name: \_\_\_\_\_) Date: \_\_\_\_\_