PLEASE PRINT IN BLUE OR BLACK INK

For Office Use Only

CITIZEN COMPLAINT FORM

CITY OF MILWAUKEE FIRE AND POLICE COMMISSION
City Hall, Room 706, 200 East Wells Street, Milwaukee, WI 53202
(414) 286-5000
E-mail: fpc@milwaukee.gov
Website: www.city.milwaukee.gov/fpc

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ *Sex: _____ *Race: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

**To be used for Milwaukee Fire and Police Commission statistics.*

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____a.m./p.m. (circle one)

INFORMATION ABOUT THE EMPLOYEE

Department employee(s) involved: Name(s) and/or physical description: _____

_____

STATEMENT/DESCRIPTION OF INCIDENT

Describe the incident in detail: _____

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(You may use additional sheets or submit a separate written statement)

WITNESSES/OTHERS INVOLVED

Last Name: _____ First Name:_____ Middle Initial: _____

Birth Date: _____ *Sex: _____ *Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Involvement: _____

Last Name: _____ First Name:_____ Middle Initial: _____

Birth Date: _____ *Sex: _____ *Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Involvement: _____

**To be used for Milwaukee Fire and Police Commission statistics.*

(You may use additional sheets if necessary to list other involved persons)

DESIRED OUTCOME

What would you like to have happen as a result of filing this complaint?: _____

_____

_____

SIGNATURE

State law requires you to sign below <u>in the presence of a Notary Public</u>. Contact the Fire and Police Commission if you have any questions or need help with this form.

STATE OF WISCONSIN)
CITY OF MILWAUKEE)

I certify that the foregoing information is true to the best of my knowledge.

Subscribed and sworn to before me
this _____ day of _____, 20____.

_____
Complainant

_____
Notary Public, Milwaukee County, Wisconsin
My commission expires _____