Village of Williams Bay
Police Department
PO Box 580
250 Williams Street
Williams Bay, WI 53191

Phone 262.245.2710   Chief Justin P Timm   Fax 262.245.2711

VILLAGE OF WILLIAMS BAY POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

1. Complainant's Name _____ _____ _____
   (Last) (First) (Middle)

2. Address: _____
   (Street) (City) (State) (Zip)

3. Phone No.: _____ 4. Date of Birth: _____

5. Employer: _____

6. Business Phone No.: _____ 7. Work Hours: _____

8. Incident Date and Time: _____

9. Incident Location: _____

10. Name, Badge No. and Rank of Accused Officer(s), If known, or Description:
_____

11. Witness to Incident:

   a. Name _____ _____ _____
      (Last) (First) (Middle)

      Address _____ _____ _____
              (Street) (City) (State/Zip)

      Phone No. _____ Business Phone No. _____

ACKNOWLEDGEMENT: I acknowledge that I have read the information on the reverse side of this form and that the information and statement I have provided in regard to my citizen complaint is true and correct.

_____ _____
Complainant Signature Date Witness Signature Date

Please attach additional paper describing your complaint in full:
When describing your complaint, please be as specific as possible as it relates to dates, times, and individuals involved, including each individual's address, telephone number, employment and position and date of birth, if applicable.

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If additional space is needed please continue your written complaint on lined paper and attach it to this form. Also, please attach any copies of supporting documentation.

_____ Signature Date

Lastly, the department is required per Wisconsin §946.66 to inform you that **"whomever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture."**

Please send this completed form to:

                            Justin P. Timm
                             Village of Williams Bay Police Department
                            PO Box 580
                            250 Williams St
                            Williams Bay, WI 53191

Subscribed and sworn to before me this _____day of _____, 20_____

Notary Public, Walworth County, Wisconsin _____

My Commission Expires _____