

ROCK COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM

COMPLAINANT: _____

ADDRESS: _____

PHONE: _____

(HOME)

(WORK)

NATURE OF COMPLAINT: _____

(Use additional sheet if necessary and supply the names and addresses of other persons who have direct knowledge supporting this complaint)

Signature of Complainant

Wisconsin Statute 946.661(1)(a)(b)(2) states that 'whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.'

(To be Completed by Department)

Date & Time Complaint Received

Place Complaint Taken/How Rec'd

Supervisor Taking Complaint

Date & Time Rec'd by Chief Deputy

Officer(s) Involved (If known)

Investigating Officer Assigned

Case Number

200 EAST U. S. HIGHWAY 14
JANESVILLE, WISCONSIN 53545-9601
PHONE: (608)757-8000 FAX: (608)757-7997