

# SHERIFF'S DEPARTMENT

County of Vilas

## VILAS COUNTY CITIZEN COMPLAINT FORM

DATE \_\_\_\_\_ TIME STARTED \_\_\_\_\_  A.M.  P.M. CASE NO. \_\_\_\_\_

NAME OF COMPLAINANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

WITNESS # 1 \_\_\_\_\_  
ADDRESS \_\_\_\_\_

WITNESS # 2 \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OCCURRENCE HAPPENED \_\_\_\_\_ (MONTH) \_\_\_\_\_ (DAY) \_\_\_\_\_ (YEAR)

TIME OF OCCURRENCE \_\_\_\_\_  A.M.  P.M.

NAME OF OFFICER(S)  
INVOLVED

STATEMENT OF COMPLAINT (DESCRIBE WHAT HAPPENED)

WAS A POLICE VEHICLE INVOLVED?  YES  NO

IF YES, WAS IT A  COUNTY  STATE OR  LOCAL POLICE VEHICLE? \_\_\_\_\_

I HAVE READ THIS COMPLAINT AND I CERTIFY THAT THE FACTS CONTAINED THEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THE INFORMATION SUPPLIED MAY BE USED IN A COURT OF LAW IF FUTURE ACTION IS REQUIRED.

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING COMPLAINT

TIME OF STATEMENT COMPLETED \_\_\_\_\_  A.M.  P.M.

ADDITIONAL PAGES MAY BE ATTACHED TO THIS FORM.  
PAGE \_\_\_\_\_ OF \_\_\_\_\_