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/fireandpolicecommission312.htm

INFORMATION ABOUT YOU

Last Name: __________________________ First Name: __________________________ Middle Initial: ________ Birth Date: __________

Address: _____________________________ City: __________________________ State: _________________ Zip: __________

Home Phone: _________________________ Work Phone: _________________________ Cell Phone: _________________________

Notify the Fire and Police Commission office at (414) 286-5000 promptly of any change in residence or telephone number.

INFORMATION ABOUT THE INCIDENT

Location of Incident: __________________________

Date of Incident: ___________________________ Time of Incident: ___________________________ a.m./p.m. (circle one)

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

______________________________________________________

STATEMENT/DESCRIPTION OF INCIDENT

Describe the incident in detail:

______________________________________________________________________________________________________

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(continue on next page)
CITIZEN COMPLAINT FORM (continued)

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

WITNESSES/OTHERS INVOLVED

Last Name: ___________________________ First Name: ___________________________ Middle Initial: ___________________________
Address: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________ Involvement: ___________________________

Last Name: ___________________________ First Name: ___________________________ Middle Initial: ___________________________
Address: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________ Involvement: ___________________________

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

DESIRED OUTCOME

What would you like to happen as a result of filing this complaint: ___________________________

______________________________

SIGNATURE

State law requires you to sign below in the presence of a Notary Public. 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 ______________, 200__.

______________________________
Complainant

Notary Public, Milwaukee County, Wisconsin
My commission expires ________________

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