## ARCADIA POLICE DEPARTMENT CITIZEN COMMENT/COMPLAINT FORM

Thank you for expressing interest in the Arcadia Police Department. We are very concerned that our citizens receive the best law enforcement possible, and we value your complaints. Anything you advise us of here will be forwarded directly to the Chief of Police for appropriate action. If this is a compliment concerning on officer, the officer will be recognized for their professionalism. It means a great deal when a citizen takes the time to say something nice about an officer and it is truly appreciated. If this is a complaint the matter will be referred for an investigation.

YOUR FULL NAM	E:
DATE OF BIRTH:	
ADDRESS:	
PHONE:	 ()

WHEN IS THE BEST TIME TO CONTACT YOU:

Please describe the incident this form is in reference to in the space provided below. Use additional paper if necessary.

## FOR COMPLAINTS ONLY

If there were witnesses to this action, on a separate piece of paper, please list their names, addresses and phone numbers if known.

YOU ARE CAUTIONED THAT FALSE STATEMENTS MAY BE GROUNDS FOR CRIMINAL PROSECUTION AGAINST THE PERSON MAKING THE FALSE ACCUSATIONS, AND CIVIL ACTION MAY BE TAKEN BY THE AFFECTED OFICER.

## YOU MUST COMPLETE THE DECLERATION BELOW FOR US TO PROCESS YOUR COMPLAINT.

*I declare under penalty of law, pursuant to the laws of the State of Wisconsin, that the above information, and any continuation pages is true and complete.* 

Dated this \_\_\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_,

Signed:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_