

PERSONNEL COMPLAINT FORM



Name:	Date of Birth:
Address:	
Phone:	

Incident Date:	Incident Time:
Case Number (if known):	
Location:	
Name/Badge/ID Number of Accused Personnel (if known or description) :	

Details of Complaint:

PERSONNEL COMPLAINT FORM

LAKE GENEVA POLICE DEPARTMENT

Details of Complaint (Continued):

(attach additional pages, if necessary)

Complainant's Affirmation

I do solemnly swear that the information provided by me is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that the City of Lake Geneva Police Department will investigate all false claims against its law enforcement officers. Knowingly making a false complaint against an officer may subject the complainant to a Class A forfeiture (Wis. Stat. § 946.66; Wis. Stat. § 66.0511).

I have read and understand the above statement.

Signature of Person Filing Complaint/Affirmation of Truthfulness

Date

Once completed, e-mail to lgpd@genevaonline.com, hand deliver or mail to 626 Geneva St., Lake Geneva, WI 53147