



EAU CLAIRE COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM

Complainant Name _____

Address _____
Street City State Zip

Phone _____
Primary Secondary

Date and Time of Report _____

Incident Date and Time _____

Incident Location _____

Witness to Incident

(a) Name: _____
(Last) (First) (Middle)

Address: _____

Phone No.: _____ Business Phone: _____

(b) Name: _____
(Last) (First) (Middle)

Address: _____

Phone No.: _____ Business Phone: _____

If necessary, add additional witness name on the back of the form.

11. Details of Complaint: _____

Signature: _____
Complainant

This office will investigate all false claims made against its law enforcement officers. Knowingly making a false complaint against a deputy may subject the complainant to a Class A forfeiture (Wis. Stat. § 946.66; Wis. Stat. § 66.0511).