

Chief of Police

Scott Lund

www.combinedlocks.org



Combined Locks Police Department  
405 Wallace Street  
Combined Locks, WI 54113

920-731-6321  
920-788-6535-FAX

This Department is dedicated to providing the finest police service possible. In order to continue to provide quality service to the community we need your assistance. This is your Police Department and we welcome your comments. This form should be used exclusively to report employee misconduct. Complaints regarding Combined Locks Police Department policies and procedures should be made to the Chief of Police. Upon completion of this form please call and schedule an appointment to meet with Chief Lund.

**CITIZEN COMPLAINT FORM:**

Date: \_\_\_\_\_ Complainant's Name: \_\_\_\_\_

Address, City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Incident Date and Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Name, Badge Number, Rank of Accused Officer (If known) or Description: \_\_\_\_\_

.....  
Witnesses:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address, City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address, City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address, City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Add additional witnesses to the back of this form.

Details of the complaint. Please be as specific as possible: \_\_\_\_\_

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Attach additional sheets if needed.

**Complaint Procedure:**

All complaints against the department or its employees will be courteously received and thoroughly investigated. Investigation of your complaint will be completed within thirty (30) days. Upon conclusion of the investigation, the Chief of Police shall ensure the complainant and employee is advised in writing of the final outcome of the internal investigation. For lengthy investigations, an effort shall be made to communicate the status of the investigation to the complainant on a periodic basis.

Person(s) making false statements in their complaint(s) may be in violation of Wisconsin statute 946.32 and/or 946.41 and could be criminally prosecuted.

Signature: \_\_\_\_\_  
Complainant

Date: \_\_\_\_\_