

### NOTICE TO PUBLIC

SPD 396 rev. 06/09 ATTACHMENT A

# THIS NOTICE EXPLAINS HOW TO REGISTER A COMPLAINT AGAINST THE DEPARTMENT OR ANY OF ITS EMPLOYEES:

All complaints made against the Department or its employees shall be investigated, including anonymous complaints. Anonymous complaints will be investigated to the degree possible. If no corroborative information or evidence results from the investigation and the complainant cannot be contacted for an interview, the complaint will be considered invalid.

#### **PROCEDURE**

- 1. Attempt to see or make arrangements to see the employee's immediate supervisor. If the complaint does not concern any individual employee, but instead addresses a particular departmental policy or procedure, ask to see the Chief of Police.
- 2. If the complaint cannot be resolved by the employee's immediate supervisor, you will be asked to complete a report form which identifies the circumstances, nature, and extent of your complaint. The report form requests specific information which the Department needs in order to make a thorough investigation.
- 3. Persons who initiate written complaints shall receive written acknowledgement from the Chief of Police or the Chief's designee.
- 4. The status of the investigation shall be communicated to the complainant periodically and at its conclusion.
- 5. Investigations shall be completed within thirty (30) days from the time the written complaint is registered. Exceptions shall only be granted by the Chief of Police when extenuating circumstances are present.
- 6. Persons making false statements in their complaints may be in violation of WI Stat. 946.32 and/or 946.41, and could be criminally prosecuted.

### DEPARTMENT OF POLICE

1315 N. 23<sup>rd</sup> STREET SUITE 101 SHEBOYGAN, WI 53081-3180

920/459-3333 FAX 920/459-0205

www.sheboyganpolice.com



# CITIZEN/EMPLOYEE CONDUCT COMPLAINT(S) AGAINST EMPLOYEES OF THE SHEBOYGAN POLICE DEPARTMENT

SPD397 rev. 06/09 ATTACHMENT B

Complainant's Name	DOB
Address:	SEX
Business Phone:	Residence Phone:
Employee(s) Involved:	
How did you determine Officer/Employee identification:	
Complaint:	
Nature of Complaint:	
Date/Time of Incident:	
Location:	
Details:	
(Use additional sheets if necessary)	
STATE OF WISCONSIN )	
) SS COUNTY OF SHEBOYGAN)	
COOM I OF BILLDOTUMY	Complainant's Signature
Subscribed and sworn to before me this	
day of	
NOTARY PUBLIC	(SEAL)

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