Village of Summit Police Department

Citizen Complaint Form

Name of Person Making the			4		
	(Last)	(First)	(Middle)	(M/F)	(Date of Birth)
Address		Home		Alt Phone	e
	(City, State and Zip Code)		(area code + number))	
When did the Event Occur_		Location of Oc	currence		4
	(Day, Date and Time)				
Officer(s) Involved (if know	m)				
			,		
Details of Incident					
Details of meident			****		*
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NOTE: Wisconsin State State garding the conduct of a la	atute 946.66(2): False complaw enforcement officer is sul	laints of police mi	sconduct: "Who forfeiture."	ever knowingly	makes a false complaint
	on herein is true and correc				
Signed(Person Ente	ering the Complaint)	Date			and the same of th