

Print in Blue or Black Ink

Required Field

For Office Use Only



CITIZEN COMPLAINT FORM

CITY OF MILWAUKEE FIRE AND POLICE COMMISSION
City Hall, Room 706, 200 East Wells Street, Milwaukee, WI 53202
(414) 286-5000

E-mail: fpc@milwaukee.gov
Website: www.city.milwaukee.gov/fpc

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ *Sex: _____ *Race: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone Number: _____ Type: _____ Other: _____ Type: _____

**To be used for Milwaukee Fire and Police Commission statistics.*

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ a.m. p.m.

INFORMATION ABOUT THE EMPLOYEE

Department employee(s) involved: Name(s) and/or physical description:

STATEMENT/DESCRIPTION OF INCIDENT

Describe the incident in detail:

(You may use additional sheets or submit a separate written statement)

WITNESSES/OTHERS INVOLVED

Last Name: _____ First Name: _____ Middle Initial: _____
Birth Date: _____ *Sex: _____ *Race: _____
Address: _____ City: _____ State: _____ Zip: _____
Main Contact Phone Number: _____ Type: _____ Other: _____ Type: _____
Involvement: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Birth Date: _____ *Sex: _____ *Race: _____
Address: _____ City: _____ State: _____ Zip: _____
Main Contact Phone Number: _____ Type: _____ Other: _____ Type: _____
Involvement: _____

**To be used for Milwaukee Fire and Police Commission statistics.*

(You may use additional sheets if necessary to list other involved persons)

DESIRED OUTCOME

What would you like to have happen as a result of filing this complaint?

SIGNATURE

State law requires you to sign below in the presence of a Notary Public. Contact the Fire and Police Commission if you have any questions or need help with this form.

STATE OF WISCONSIN)
CITY OF MILWAUKEE)

I certify that the foregoing information is true to the best of my knowledge.

Subscribed and sworn to before me
this _____ day of _____, 20____. _____ Complainant

Notary Public, Milwaukee County, Wisconsin
My commission expires _____