



Wausau Police Department

James E. Tipple  
Mayor

Jeffrey G. Hardel  
Chief of Police

Dear Citizen,

It is the policy of the Wausau Police Department that the integrity of the department and its employees be maintained through an internal system of investigation and review founded on objectivity, fairness, and justice. The Department encourages citizens to bring forward legitimate grievances regarding the conduct of employees. The Department also recognizes that deliberately false accusations are occasionally made against the agency or its employees. Nevertheless, each accusation will be considered for investigative purposes to protect the integrity of the agency, its employees, and to install public confidence in the agency.

Attached, you will find the Wausau Police Department's Complaint Against Police Personnel form. Please read this letter carefully before completing the form.

Any written complaint submitted to the Department is a public record. This means that upon request, the complaint and any attachment(s) may be subject to disclosure to news media or any person requesting the documents. The Department is required by State Law to inform you that "whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture."

If you decide to file a complaint with the Department, please complete the complaint form with as much detail as possible including specific dates, times, witnesses, officer names, badge/ID numbers, descriptions of officers involved, and why you feel the officer's conduct was inappropriate. Finally, be sure to sign the complaint form.

In some cases, the department or officers involved may take your complaint to the Police and Fire Commission. Documents related to Police and Fire Commission proceedings are public records and are generally disclosable under Wisconsin Law.

Completed complaints can be mailed, faxed, or dropped off in person to the Chief of Police.

The address is:

Chief of Police  
Wausau Police Department  
515 Grand Avenue  
Wausau, WI 54403

Complaint Against Police Personnel Form (12/15)

COMPLAINT AGAINST POLICE PERSONNEL  
Wausau Police Department

CRN# \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First M.I. Last

ADDRESS \_\_\_\_\_  
Number and Street City State Zip Code

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ Best Time to contact you: \_\_\_\_\_ AM / PM  
Home/Cell Work

This Statement is being given by: (\_\_\_\_) Aggrieved Party (\_\_\_\_) Witness

**WITNESSES TO INCIDENT:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
First M.I. Last

ADDRESS \_\_\_\_\_  
Number and Street City State Zip Code

PHONE (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
Home Work

**COMPLAINT INCIDENT**

INCIDENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_ AM / PM INCIDENT # If Known \_\_\_\_\_

LOCATION \_\_\_\_\_

NAME/BADGE-ID NUMBER/ OF ACCUSED OFFICER(S), IF KNOWN OR DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF COMPLAINT:** (Use next page or attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The Department is required by State Law to inform you that "**whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture**" under Wisconsin Statute sec. 946.66(2)

**Department Use Only:** Received On \_\_\_\_\_ Received By: \_\_\_\_\_

( ) Procedural ( ) Minor ( ) Serious ( ) CRN Assigned

CC: \_\_\_\_\_ Referred To: \_\_\_\_\_

