



# STRATFORD POLICE DEPARTMENT

213060 LEGION STREET, STRATFORD, WI 54484

PHONE: 715-687-3131

FAX: 715-687-4435

Dear Citizen,

It is the policy of the Stratford 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, employees, and to install public confidence in the agency.

Attached you will find the Stratford 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 new 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 Village Board. Documents related to Village Board 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:

Stratford Police Department  
Attn: Chief of Police  
213060 Legion Street  
Stratford, WI 54484

COMPLAINT AGAINST POLICE PERSONNEL  
Stratford Police Department

Department Use Only  
CN# \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    MI                    Last

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

**PHONE:** (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ **Best time to Call:** \_\_\_\_\_ AM / PM  
                    Home/Cell                    Work

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

**WITNESSES TO INCIDENT:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    MI                    Last

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

**PHONE:** (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
                    Home/Cell                    Work

**COMPLAINT INCIDENT:**

**INCIDENT DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TIME:** \_\_\_\_\_ AM / PM **INCIDENT #:** \_\_\_\_\_

**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 §946.66(2)*

**Department Use Only:** Received On: \_\_\_\_\_ Received By: \_\_\_\_\_  
(\_\_\_\_) Procedural (\_\_\_\_) Minor (\_\_\_\_) Serious (\_\_\_\_) CN Assigned

**DETAILS OF COMPLAINT CONT:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**COMPLAINANT'S AFFIRMATION:**

I do solemnly swear that the information provided by me is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that if the investigation proves the allegations were known by me to have been false when the complaint was signed, the Stratford Police Department may initiate appropriate legal action against me for knowingly making false complaints regarding the conduct of a law enforcement officer (Wis. Stat. §946.66(2)).

I have read and understand the above statement.

\_\_\_\_\_   
Signature of Person filing Complaint/Affirmation of Truthfulness

\_\_\_\_\_   
Date

**COMPLAINT PROCEDURE:**

Investigation of a complaint filed on this form will be processed by the Stratford Police Department. The complainant will be provided a disposition which may be verbal or written from the Chief of Police or designee. If the complaint is not resolved to the satisfaction of the complainant, he/she may request a meeting with the Chief of Police to discuss the matter.