

Citizen Complaint Form

Maple Bluff Police Department
18 Oxford Place
Madison, WI 53704
Phone (608) 244-1430 Fax (608) 244-3901



VILLAGE OF
MAPLE BLUFF
VILLAGEOFMAPLEBLUFF.COM



Print Name: _____

Address: _____

Phone #: _____

Briefly state the nature of the complaint: _____

(Use additional sheets if necessary. Supply the names and addresses of other persons who have direct knowledge supporting this complaint)

State Statute 946.66(2): Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.

Signature: _____ Date: _____

By this signature, I attest that all of the information within this statement is truthful and accurate.