

# COMMENDATION/COMPLAINT REPORT

Division of Capitol Police

Work Unit	<input type="checkbox"/> Commendation <input type="checkbox"/> Complaint	Report Date	Report Received <input type="checkbox"/> Via Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person <input type="checkbox"/> FAX/Email
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| Commendation<br><input type="checkbox"/> Application to Duties<br><input type="checkbox"/> Commendable restraint<br><input type="checkbox"/> Exemplary Conduct<br><input type="checkbox"/> Tactical Excellence | Complaint<br><input type="checkbox"/> Criminal Conduct<br><input type="checkbox"/> Discourtesy<br><input type="checkbox"/> Dishonesty<br><input type="checkbox"/> Unreasonable Force<br><input type="checkbox"/> Improper Tactics | <input type="checkbox"/> Neglect of Duty<br><input type="checkbox"/> Operation of Vehicle<br><input type="checkbox"/> Off Duty Conduct<br><input type="checkbox"/> Harassment<br><input type="checkbox"/> Discrimination | <input type="checkbox"/> Policy and Procedures<br><input type="checkbox"/> Response Time<br><input type="checkbox"/> Traffic Citation<br><input type="checkbox"/> Other<br><input type="checkbox"/> Improper Detention, Search or Arrest |
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### Reporting Party Information

Last Name	First Name	Middle Name	Third Party <input type="checkbox"/> Yes <input type="checkbox"/> No	Present at Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Telephone		
Residence	City	State	Zip Code	Sex	Birth Date	Race	Work Telephone

Has any member of the Wisconsin Capitol Police attempted to discourage you in any way from bringing this matter to the attention of the Capitol Police?  Yes  No If Yes, Who?

### Involved Party Information (if not Reporting Party)

Last Name	First Name	Middle Name	Home Telephone	Work Telephone		
Residence	City	State	Zip Code	Sex	Birth Date	Race

### Contact / Event Information

Date	Time	Work Unit
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Location/Address

Synopsis of Contact / Event

See Attached

Was a Supervisor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name	First Name	Middle Name	Rank
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### Witness Information

Last Name	First Name	Middle Name	Home Telephone	Work Telephone
Residence	City	State	Zip code	Sex

Involvement:  Subject of Officer Contact     Witness to an Officer's Action     Other:

### Involved Employee Information/Party Information

Last Name	First Name	Middle Name	Work Telephone	Sex	Race
Unit of Assignment	Height	Weight			

Badge Number     1<sup>st</sup> Shift     2<sup>nd</sup> Shift     3<sup>rd</sup> Shift     Overtime Shift     Regular Shift     Off duty     Other

### Employee Witness Information

Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
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### Person Completing Report

Print Full Name	Badge Number	Signature
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### Complaint Advisory (If Applicable)

You have the right to make a complaint against a Wisconsin Capitol Police employee for improper conduct. The DCP has a complaint investigation policy and procedure. You may upon request view or obtain a copy of our complaint investigation policy and procedure. You have the right to file a complaint, and have it investigated if you believe an employee of the Division of Capitol Police has acted improperly. It is against the law (s.s. 946.66) to make a complaint against a law enforcement officer that you know to be false. I have read or had read to be and understand the above statement.

Complaint Advisory Given:  Telephone     In Person \_\_\_\_\_