



Chad Koranda
Sheriff
Collin Gilles
Chief Deputy

Complainant: _____

Address: _____

Street **City** **State** **Zip Code**

Phone: (_____) _____ **Date:** ____/____/____

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.)

Signature of Complainant

This form is to be sealed in an envelope by the recipient and immediately forwarded directly to the Chief Deputy.

***Note: In accordance with WI Statutes 946.66, you are hereby notified that whoever makes a false complaint regarding conduct of a law enforcement officer is subject to a Class A forfeiture.**

Date and time complaint received: _____/_____/_____

Date and time received by Chief Deputy: _____/_____/_____

Supervisor Taking Complaint: _____

Investigating Officer Assigned: _____

Officer(s) Involved (If known):