



# New Berlin Police Department

16300 West National Avenue, New Berlin WI 53151 • (262) 782-6640 • nbpolice.org

## Citizen Complaint Guide

The New Berlin Police Department is committed to investigating citizen complaints in a just manner. The Department will impartially investigate all complaints.

If you have a question or complaint regarding how an incident was handled by a member of the New Berlin Police Department, you should request to speak with a shift supervisor. This supervisor will have the most direct knowledge of the incident or call for service. Most questions and complaints are resolved to the satisfaction of all parties through conversation with the shift supervisor.

If you are not satisfied with the resolution after speaking with the shift supervisor, you may file a written Citizen Complaint Form. The Citizen Complaint Form can be found on the New Berlin Police website ([www.nbpolice.org](http://www.nbpolice.org)), or may be obtained at the Police Department.

The New Berlin Police Department takes legitimate grievances regarding police misconduct seriously. Written complaints and investigatory findings against police are subject to open records laws and may be released to the media and others who submit a request. The Department respects the right of each citizen to make a complaint anonymously.

*Wisconsin law 946.66(2) requires the Department make known that "whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A Forfeiture". All instances of false reporting are referred to the Waukesha County District Attorney's Office for prosecution.*

Completed Citizen Complaint Forms may be dropped off at the New Berlin Police Department.



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## Citizen Complaint Form

### Individual making complaint

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Hours available for phone call: \_\_\_\_\_

### Incident information

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_ Report number (if known): \_\_\_\_\_

Name, rank, employee number (if known) or description of accused member(s):

Complaint filing date: \_\_\_\_\_ Complaint filing time: \_\_\_\_\_

**Details of incident (Including the identity, address and phone number of any witnesses) Please print legibly**

**I have received a copy of this complaint and the Public Complaint Procedure Guide and attest that the information herein is true and correct to the best of my knowledge.**

Signature of person entering complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the department member receiving this form and a copy of the Citizen Complaint Guide \_\_\_\_\_ Date: \_\_\_\_\_

<b>Final disposition:</b>			<b>Reviewing officer:</b>	<b>Date concluded:</b>
Unfounded	Inconclusive	Withdrawn		
Substantiated	Exonerated	DA's Office review		