



Grafton Police Department Complaint Form - External

Revised: 02/2021

To initiate a complaint against any Grafton Police Department employee, please complete this form and submit it in person, or by mail to: Office of the Chief of Police, 1981 Washington Street, Grafton, WI 53024

Please contact the Administrative Offices for assistance at (262) 375-5320.

Contact Information

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # _____ Email: _____ DL# _____

Incident Information

Date: _____ Time: _____ Location: _____
Report/Incident # _____ Citation # _____

Employee(s) Information

Name: _____	Badge/ID # _____	Committed Act <input type="checkbox"/>	Witness <input type="checkbox"/>
Name: _____	Badge/ID # _____	Committed Act <input type="checkbox"/>	Witness <input type="checkbox"/>
Name: _____	Badge/ID # _____	Committed Act <input type="checkbox"/>	Witness <input type="checkbox"/>
Name: _____	Badge/ID # _____	Committed Act <input type="checkbox"/>	Witness <input type="checkbox"/>
Name: _____	Badge/ID # _____	Committed Act <input type="checkbox"/>	Witness <input type="checkbox"/>

Statement

Clearly and chronologically state what happened, ensuring that you articulate the conduct, facts, and evidence in support of your allegation(s). Please sign all pages that bear your statement and initial all corrections. Please include any available witness information including addresses and phone numbers.

This department will investigate all false claims made against its law enforcement officers. Knowingly making a false complaint against an officer may subject the complainant to a Class A forfeiture (Wis. Stat. § 946.66; Wis. Stat. § 66.0511)

I have read each page of this statement consisting of ____ page(s). Corrections, if any, bear my initials. I certify the facts contained herein are true and correct.

Signature: _____ Date: _____

