## CITY OF NEILLSVILLE POLICE DEPARTMENT CITIZEN COMPLAINTS OF EMPLOYEE CONDUCT

ADDDECC			
ADDRESS			
CITY-STATE-ZIP CODE			
HOME PHONE	CELL PHONE	EMAIL	
STATEMENT GIVER IS	[] Aggrieved Party [] Witne	ss to Incident [] Other	
NVOLVED NVPD PERSC	NNEL AND ALLEGATIC	N	
POLICE OFFICER(S) NAME A	ND/OR NUMBER		
NVPD CASE NUMBER			
DATE AND APPROXIMATE T	IME OF INCIDENT		
LOCATION			
ALLEGATION(S)			
DESCRIBE OR ATTACH A DE	SCRIPTION OF THE INCIDE	NT	
Please Read Carefully Before S By signing the line below, I am process; the details contained in	affirming that I have read the	letter from the Chief of Police aborrect and to the best of my knowle	out the complainedge.
Signature		Date / Time	