



Rome Police Department

JASON LAUBY, CHIEF OF POLICE

1156Alpine Drive
Nekoosa, Wisconsin 54457

715-325-8020
Emergency - 911

Rome Police Department Citizen Complaint Form

To Whom It May Concern:

Subject: Procedure for filing a complaint of misconduct against a member or employee of the Rome Police Department.

Pursuant to Section 62.13(5) of the Wisconsin Statutes you may file your complaint directly with the Chief of Police using this Department's Citizen Complaint Form. This will result in an internal investigation into the alleged misconduct.

Investigation of a filed complaint will normally be completed within thirty (30) days at which time the complainant will be provided a written disposition from the Chief of Police. If the complaint is not resolved to the satisfaction of the complainant, the complainant may either request a meeting with the Chief of Police to discuss the matter or file a written request for a hearing on the complaint with the Rome Police and Fire Commission .

You are encouraged to file your complaint in writing with the Chief of Police. You may take this form with you. Complete and return in a sealed envelope addressed to the Chief of Police. This will allow the Chief of Police or designee to obtain all necessary information to conduct a thorough and complete investigation into the complaint.

If you desire to remain anonymous, or not to file a written complaint, the information you provide will be received and documented by a department employee today and forwarded to the Chief of Police for investigation .

Notice of false complaints against police misconduct: *Under Section 946.66 of the Wisconsin Statutes states whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.*

Respectfully,

Chief Jason Lauby -Rome Police Department

ROME POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Date: _____

Complainant's Name: _____
(Last) (First) (Middle)

Address: _____

Phone Number: _____ Date of Birth: _____

Incident date and time of occurrence: _____

Location of incident: _____

Name of accused employee, if known, or description: _____

8. Witnesses to Incident:

(a) Name: _____
(Last) (First) (Middle)

Address: _____

Phone number: _____

(b) Name: _____
(Last) (First) (Middle)

Address: _____

Phone No.: _____

(If necessary, add additional witness names on the back of this form.)

