

Print in blue or black ink

Required field

## Citizen Complaint Form

City of Milwaukee Fire and Police Commission  
City Hall, Room 706, 200 East Wells Street,  
Milwaukee, WI 53202  
(414) 286-5000  
Email: [fpc@milwaukee.gov](mailto:fpc@milwaukee.gov)  
Website: [www.city.milwaukee.gov/fpc](http://www.city.milwaukee.gov/fpc)



### INFORMATION ABOUT YOU

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Race: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_  
Other Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

*\*To be used for Fire and Police Commission statistics.*

### INFORMATION ABOUT THE INCIDENT

Location of the incident: \_\_\_\_\_  
Date of the incident: \_\_\_\_\_ Time of the incident: \_\_\_\_\_ a.m.  p.m.

### INFORMATION ABOUT THE EMPLOYEE

Department employee(s) involved (names and/or physical description): \_\_\_\_\_

### STATEMENT/DESCRIPTION OF INCIDENT

Describe the incident in detail: \_\_\_\_\_

(You may use additional sheets or submit a separate written statement)

**WITNESSES/OTHERS INVOLVED**

Last Name: First Name: Middle Initial:  
Birth Date: \*Gender: \*Race: Email:  
Address: City:  
State: Zip:  
Main Phone Number: Phone Type:  
Other Phone Number: Phone Type:  
Involvement:

Last Name: First Name: Middle Initial:  
Birth Date: \*Gender: \*Race: Email:  
Address: City:  
State: Zip:  
Main Phone Number: Phone Type:  
Other Phone Number: Phone Type:  
Involvement:

*\*To be used for Fire and Police Commission statistics.*

(You may use additional sheets if necessary to list other involved persons)

**DESIRED OUTCOME**

What would you like to have happen as a result of filing this complaint?

**SIGNATURE**

**By signing my name in the space provided below I affirm that all information in this complaint is true and correct to the best of my knowledge.**

Complainant

Date