



MADISON POLICE DEPARTMENT Employee Conduct Form

Complainant and Contact Information

| | | |
|--|------------|------------|
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| HOME PHONE | WORK PHONE | CELL PHONE |
| STATEMENT GIVER IS <input type="checkbox"/> Aggrieved Party <input type="checkbox"/> Witness to Incident <input type="checkbox"/> Other | | |

Involved MPD Personnel and Allegation

| |
|---------------------------------------|
| OFFICER(S) NAME AND/OR NUMBER |
| MPD CASE NUMBER (IF AVAILABLE) |
| DATE AND APPROXIMATE TIME OF INCIDENT |
| LOCATION |
| ALLEGATION(S) |

Please attach a description narrative of the incident.

Please Read Carefully Before Signing

Choose one statement regarding confidentiality:

- I request my name be kept confidential.
- I request my name, address and phone number be kept confidential.
- I will not provide any information regarding this matter unless I am pledged confidentiality as indicated above.
- I do not request confidentiality in regard to this matter.

By signing the line below, I am affirming that I have read the letter from the Chief of Police pertaining to the complaint process and confidentiality; the details contained in my statement are true and correct to the best of my knowledge.

Signature

Date

| PS & IA USE ONLY | | | |
|------------------|----------|------|-------------|
| DATE | EMPLOYEE | CR # | INTAKE NAME |
| | | | |