COMPLAINT

filed against a commissioned officer of the City of Madison Police or Fire Department by an aggrieved person, pursuant to 62.13(5), Wisconsin Statutes, and Rule 6 of the Board

Name of Complainant: ________________________________

Street Address: ____________________________________

City/ZIP: _________________________________________

COMPLAINT AGAINST: ______________________________

STATEMENT OF CHARGES, made under oath or affirmation and subject to penalties for false swearing (Refer to Wisconsin Statute 62.13 and Board Procedural Rules):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Complainant's Initials: ___ Page ___ of ___ pages
STATEMENT OF CHARGES, continued. Copy and attach additional sheets as necessary.

Complainant's Initials: ___  Page ___ of ___ pages
STATEMENT OF SOURCES OF INFORMATION  Those matters stated in the foregoing Statement of Charges which are not based on my personal knowledge are based on information which I obtained from the following sources (show names and addresses of individuals, or otherwise identify sources of such information):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

SPECIFICATION OF VIOLATION  I believe that the conduct described in the above Statement of Charges is a violation of the following departmental rule or rules, ordinances, laws, or other standards of conduct:

________________________________________________________________________

________________________________________________________________________

Complainant's Initials: ___  Page ___ of ___ pages
VERIFICATION UNDER OATH

State of Wisconsin               )
Dane County                        ) ss

I, ________________________________________, the above-named Complainant,
being duly sworn, on oath depose and state that I have read the foregoing
complaint, and that I know that it is true and complete to my own knowledge,
except as to those matters based upon information belief, and as to those matter
I believe them to be true.

Complainant's signature: __________________________________________

Subscribed and sworn to before me
this __: day of ___________, 20__:            

___________________________
Notary Public, Dane Co., Wisconsin
My commission: ____________

Complainant's Initials: ____   Page ___ of ___ pages