

CITIZEN FEEDBACK FORM

(feedback on office policies, procedures, and/or employees)

Monroe County Sheriff's Office • 112 S Court Street, Rm 500 • Sparta, Wisconsin 54656

Citizen's Name		Phone Number
Address (Street, City, State, Zip)		Email

Feedback About Employee: (if applicable)		Badge/Vehicle/Other ID:
Date/Time of Incident	Location of Incident	
Witness Name	Phone Number / Address / Email	
1.		
2.		
3.		

Describe the incident in detail. Please print clearly. If you need more space, use the back of this form.

I freely volunteer the preceding statement without fear or threat of physical harm and swear that the facts contained are true and complete to the best of my knowledge. I also know that any intentional false statement or misrepresentation of facts may result in criminal charges and/or civil liabilities.

Signature

Date

This office will investigate all false claims made against its Departmental Staff. Knowingly making false complaint against a law enforcement officer may subject the complainant to a Class A forfeiture (Wis. Stat. § 946.66; Wis. Stat. § 66.0511).

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Date Received	Assigned Supervisor

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