

LACK OF CONSENT – BODILY HARM

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

For Internal Use

Case #:

Officer:

Full Name (First, Middle, Last)		DOB:
Address (Street, City, State, Zip)		
Phone Number	Email	

The undersigned states that on the _____ day of _____, 20 _____, at approximately _____ AM/PM, he/she was hit, kicked, clubbed, or other (describe below)

This occurred at _____, located in the Village / Township of _____,

Monroe County, WI, and this was done without my consent, and I did receive pain and / or injury described as follows:

Which did not require medical care.
 did (complete Release of Health Information Form*) require medical care at the following facility:

Dated this _____ day of _____ 20 _____.

Victim Signature

Victim Printed Name

*Separate form needed for Release of Patient Records.
Use Form #60 – Authorization For Release of Health Information

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).