

Augusta  
Police Department  
Chief Gordon O'Brien



145 West Lincoln Street  
Augusta, WI 54722  
Office: 715.286.2252  
Fax: 715.286.2582

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**PERSONNEL COMPLAINT FORM**

Date Complaint Filed: \_\_\_\_\_

**Complainant Information**

Complainant Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Complaint Information**

Incident Date and Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ AM / PM

Incident Location: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

**Details of complaint:**

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Did anyone else directly witness your complaint (Circle one):

YES

NO

**Witness Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What suggestions would you have for the Official investigating the complaint or for the individual Officer with regards to your complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see done with regards to your complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complaint Process**

Complaints are processed in accordance with Federal, State and Local laws and policies. Upon submission of your complaint, the complaint will be reviewed by a supervisor. If your complaint is found to be valid, an investigation will be conducted. If your complaint is against a supervisor, the complaint will be processed by the Chief of Police. If the complaint is made against the Chief of Police, the complaint will be processed by the Police Disciplinary Committee.

Upon completion of the investigation, complainants will be notified of the findings, decisions and reprimands (if any) by the Official assigned to the investigation. This information will be provided in writing within 30 days of the conclusion of the investigation.

Person(s) making false statements in their complaints may be in violation of Wisconsin Statute 946.32 and/or 946.41 and could be criminally prosecuted.

Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_