

**HUDSON POLICE AND FIRE COMMISSION  
COMPLAINT FORM**

File this completed form with the Chair of the Hudson Police and Fire Commission, c/o City Clerk, Hudson City Hall, 505 Third Street, Hudson WI 54016. To be immediately forwarded to the Chair of the Hudson Police and Fire Commission.

**THE COMPLAINANT IS STRONGLY ENCOURAGED TO FIRST MEET WITH THE FIRE CHIEF OR POLICE CHIEF, AS APPLICABLE, TO SEE IF THE MATTER CAN BE RESOLVED AND/OR TO FILE A COMPLAINT WITH THE POLICE DEPARTMENT OR FIRE DEPARTMENT THROUGH THE DEPARTMENT COMPLAINT PROCEDURE.**

**HAVE YOU FILED A COMPLAINT THROUGH THE HUDSON POLICE DEPARTMENT CITIZEN COMPLAINT PROCEDURE, OR THROUGH THE HUDSON FIRE DEPARTMENT COMPLAINT PROCEDURE REGARDING THIS INCIDENT?**

YES \_\_\_ NO \_\_\_

**IF YOU HAVE, WHAT WAS THE OUTCOME/DISPOSITION OF THAT COMPLAINT?**

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Please be aware that under the provisions of Wis. Stats § 946.32, making a false statement under oath may be prosecuted as a crime.

The use of this form is required. You may attach additional sheets (which must be initialed and dated ), exhibits or attachments. Be as specific as you can about dates, times, places, persons involved and witnesses. You must sign this form and swear to its contents before a Notary Public.

After first being duly sworn, I state the following to be true and accurate to my own knowledge, except as to those matters based on information and belief, and, as to those matters, I believe the same to be true:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

If your address or phone number(s) change, you must update that information in order that you can be contacted as necessary.

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NAME OF PERSON WHO IS THE SUBJECT OF YOUR COMPLAINT:

\_\_\_\_\_

\_\_\_ POLICE OFFICER                      \_\_\_ FIREFIGHTER

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IDENTIFY THE STATUTE, ORDINANCE, RULE, REGULATION or STANDARD OF CONDUCT WHICH WAS ALLEGEDLY VIOLATED BY THE ABOVE NAMED POLICE OFFICER/FIREFIGHTER:

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\_\_\_\_\_

(You are encouraged but not required to provide the above. You may review the Hudson Police Department or Fire Department Manuals, which contain rules of conduct for police officers and fire fighters, at City Hall, 505 Third Street, Hudson, WI. You may obtain copies of the manual or parts you think relevant, upon request to the City Clerk, and payment for the copies.)

DESCRIPTION OF THE INCIDENT:

DATE AND TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NAMES OF OTHER PERSONS INVOLVED OR WHO WITNESSED THE CONDUCT:

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE WHAT HAPPENED:

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