



Dodge County Sheriff's Office – Citizen Complaint Process

This completed/signed complaint form can be returned to the supervisor who provided it or submitted to the following address:

Dodge County Sheriff's Office
124 West Street
Juneau, WI 53039

Complaint Procedure

Your complaint may be resolved informally or formally.

An informal complaint will normally be handled and resolved immediately with the employee's supervisor speaking with the employee at the earliest convenience and expressing your concerns to him/her. If you choose for your complaint to be handled informally, you are encouraged to contact the Dodge County Sheriff's Office and request to speak with the appropriate supervisor.

A formal complaint will require that you submit this form, ensuring your name and signature are provided. An investigation will then take place. Under most circumstances, investigation of a complaint will be completed within thirty (30) days at which time the complainant will be provided a written disposition from the investigating supervisor. If the complaint is not resolved to the satisfaction of the complainant, the complainant may request a meeting to further discuss the matter.



Dodge County Sheriff's Office Citizen Complaint Form

For employees of the Dodge County Sheriff's Office

As a citizen, if you believe you have been mistreated or have not received adequate service, you have a moral and legal right to express dissatisfaction with your sheriff's office. This will not only make you a responsible citizen, but your input will help to improve our agency. No member of the Dodge County Sheriff's Office will attempt to interfere or influence your right to complain about the service this agency provides to you. Your complaint will be thoroughly and impartially investigated. Before completing this form, please refer to the attached citizen guide brochure that explains the process and defines possible findings.

Date: _____

Complainant Information

Name: _____
(Last) (First) (Middle)

Address: _____

Phone (H): _____ DOB: _____

Phone (C): _____ Email: _____

Phone (W): _____ Work Hours: _____

Employee Involved

Name, badge #, rank (if known) or description: _____

Incident Location

Date: _____ Time: _____ Location: _____

Witness Information

(additional witness names can be added to the back of the form.)

Name: _____
(Last) (First) (Middle)

Address: _____

Phone (H): _____ Phone (C): _____

Name: _____
(Last) (First) (Middle)

Address: _____

Phone (H): _____ Phone (C): _____

[illegible]

Filing of False Reports

Pursuant to Wisconsin Statutes, Section 946.66(2), whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.

Signature

Complainant Signature: _____

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Signature

Complainant Signature: _____