Langlade County Sheriff's Office
Citizen Complaint Form
840 Clermont St
Antigo, WI 54409

Complainant: _____

Street Address: _____

Home Phone: _____ Work: _____ Cell: _____

State nature of complaint:

Use additional sheets if necessary

I ATTEST THAT THIS IS A TRUE AND ACCURATE STATEMENT

Signed: _____

Notice: Any complaint initiated by a citizen without a reasonable basis, in bad faith, or solely for the purpose of harassing or maliciously injuring a member of this Office, may result in a counter claim being filed against the complainant by the member involved under WI Statutes 814.025 (Frivolous Claims), and/or prosecution under any other applicable state law or county ordinance.

This form is to be sealed in an envelope and immediately forwarded to the Sheriff.

Date/Time Complaint Received _____ Supervisor Taking Complaint_____

Officer(s) Involved_____ How Complaint Received _____

Date/time Rec'd by Sheriff _____ Investigating Officer _____

Complaint Number _____ Date Time Inv. Completed_____