



University of Wisconsin-Stevens Point

Protective Services
University Police and Security

Stevens Point WI 54481-3897
715-346-3456; Fax 715-346-4908
www.uwsp.edu/protect

Dear Concerned Citizen,

Thank you for your concern about the actions of our Police Department. The integrity, professionalism and accountability of our Department is a priority to maintain public trust. Each complaint will be investigated thoroughly, and the results will be communicated to you. Enclosed are the UW- Stevens Point Police Department Complaint Forms. Please read this letter carefully before completing the forms; it will explain the various options available to a complainant.

For complaints such as, but not limited to, discourtesy, verbal abuse or sarcasm and minor procedural violations, you must submit a written complaint, but need not give a sworn statement.

For formal complaints involving serious policy or procedure violations, use of excessive force, violations of laws, ordinances, court orders or civil rights, you must submit a written complaint and be duly sworn before an official authorized to administer oaths such as a notary public. An Attestation and Notary form is enclosed.

Please provide as much information as possible, including specific dates, times, location and the names of officers involved and other witnesses. It is especially important that you provide us with your contact information.

Once your statement is completed, you may mail it to our office, or drop it off in person. Our address is:

UW-STEVENS POINT POLICE & SECURITY
ATTN: CHIEF OF POLICE
1925 MARIA DRIVE
STEVENS POINT, WI 54481

Formal complaints need to be received within ninety days of the incident. Every effort will be made to complete the investigation within sixty days of receiving your complaint. In the event the investigation is not completed within sixty days, a written update will be sent to you. You will be notified of the final results in writing.

Any written complaint submitted to us may be subject to open records laws. You may request confidentiality on the Complaint Statement Form however it is not possible to guarantee confidentiality.

The Department is required by State law to inform you that, in accordance with Wis. Stats., Sec. 946.66(2), “whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.”

If you have any questions about the process, please contact our Department.

Thank you,
Tony Babl- Chief of Police

Enclosure: Complaint Forms

FORM REQUIRED FOR ATTESTATION AND NOTARY

State of Wisconsin)
) ss
County of Portage)

_____, being first duly sworn on oath,
(Printed Name of Complainant)

deposes and says that he/she is the complainant in the matter described on the following pages; and he/she has read the foregoing complaint and knows the content thereof; that the same are true and complete to his/her own knowledge except as to those matters therein stated upon information and belief, and as to those matters he/she believes the same to be true.

Wisconsin Statute 946.32, False Swearing: (1) Whoever does the following is guilty of a Class "D" Felony.

- (a) Under oath or affirmation makes or subscribes a false statement which (s)he does not believe is true, when such oath or affirmation is authorized or required by law, or is required by any public officer or governmental agency as a prerequisite to such officer or agency taking some official action.

OATH TO BE ADMINISTERED BY NOTARY:

Do you solemnly swear that the facts contained in the complaint which you have today filed are true and correct to the best of your knowledge, so help you God?

(Complainant's Signature Under Oath)

(Translator Signature, if applicable)

WITNESSES:

- 1. _____
2. _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____ County, Wisconsin
My Commission is (permanent) or (expires on _____).

**UNIVERSITY OF WISCONSIN STEVENS POINT POLICE DEPARTMENT
COMPLAINT STATEMENT FORM**

Please Check One: Statement giver is: ___Aggrieved Party ___Witness to Incident

Name: _____

Address: _____

Phone(s): _____

Email: _____

Best Time to Be Contacted: _____

When writing a statement please be as specific as possible.

- Include specific dates and times.
- Specific location
- Other witnesses present
- Include the Officer(s) name or description if name is not known
- Describe actions or verbal quotes of Officer(s) as best you can.
- Indicate and provide if any audio or video recordings of incident are available
- If you wish, please indicate what you feel is an appropriate action of the Police Department to resolve this issue.

Please check that you have been informed and understand:

The Department is required by State law to inform you that, in accordance with Wis. Stats., Sec. 946.66(2), "whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture."

Before Signing this Statement please determine your expectation of confidentiality.

I request that my name, address and phone number be kept confidential.

Signature: _____ Date: _____

This statement consists of _____ pages

Statement: