



DEPARTMENT OF POLICE

Kevin J. Warych
Chief of Police
608-825-1153

2598 W. Main Street, Sun Prairie, WI 53590-2227
Non-Emergency Dispatch: 608-837-7336
Records: 608-837-7339
Fax: 608-825-1194

CITIZEN COMPLAINT FORM – EMPLOYEE MISCONDUCT

Dear Concerned Citizen:

Thank you for contacting the Sun Prairie Police Department. We are committed to reviewing all complaints in a thorough, fair, and objective manner, with our primary goal being to determine the truth. To assist us in this process, please provide as much detailed information as possible. This includes specific dates, times, and the names of involved employees. Clearly describe the conduct you believe was inappropriate and include the names and contact information of any witnesses. It's especially important that you provide your own contact information as well. You may attach additional pages if needed.

Before completing and signing your statement, please review the section regarding confidentiality and indicate your preference. Please note that your complaint and associated documents are considered public records and may be subject to disclosure upon request by the media or other parties. While we will make every legal effort to honor requests for confidentiality, we cannot guarantee it.

Depending on the circumstances of your complaint, you may not be required to submit a written complaint. Many issues are most effectively and appropriately resolved by speaking directly with the employee's immediate supervisor. You may contact the officer in charge at any time at (608) 837-7336 to discuss your concerns directly.

If you choose to submit your complaint in writing, you may mail it or drop it off in person at:

Sun Prairie Police Department
Attention: Assistant Chief of Police
2598 W. Main Street, Sun Prairie, WI 53590

Once we receive your completed materials, a Department Supervisor will contact you to initiate our review. Upon conclusion of the investigation, you will be informed of the findings. We will make every effort to complete the investigation and internal review within **60 days** of receiving your completed documentation. If the process extends beyond this timeframe, you will receive a status update to keep you informed.

If you prefer, you may submit your complaint directly to the **Sun Prairie Police and Fire Commission (PFC)**. Complaint forms are available from the City Clerk's Office. In certain cases, either the Department or the involved employee may also refer the matter to the PFC. Please note that any proceedings before the PFC are public. Records related to these proceedings are considered public documents and may be disclosed under Wisconsin law.

The Department is required by State law to inform you that, pursuant to 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."**

Sincerely,

Kevin Warych, Chief of Police

SUN PRAIRIE POLICE DEPARTMENT COMPLAINT OF EMPLOYEE MISCONDUCT

Complainant Information

Statement Provided By			Date Complaint Filed	
☐ Aggrieved Party ☐ Witness to Incident ☐ Other				
Name:				
<i>(Last)</i>			<i>(First)</i>	
			<i>(Middle)</i>	
Address:		City:	State:	Zip:
Cell Phone:	Home Phone:		Date of Birth:	
E-mail:				
Confidentiality				
☐ I request my complaint be kept confidential.		<i>If you request confidentiality, we will try to respect your request to the extent allowed under the open records law (WI SS 19.31-19.39). However, it is not possible to guarantee confidentiality in all instances.</i>		
☐ I do not request confidentiality.				

Involved Sun Prairie Police Department Personnel

Name, Badge #, Rank (if known), or description of employee

Incident Information

Date:	Time:	Case #:
Location:		

Witness Information #1

Name:				
<i>(Last)</i>			<i>(First)</i>	
			<i>(Middle)</i>	
Address:		City:	State:	Zip:
Cell Phone:	Home Phone:			

Witness Information #2

Name:				
<i>(Last)</i>			<i>(First)</i>	
			<i>(Middle)</i>	
Address:		City:	State:	Zip:
Cell Phone:	Home Phone:			

SUN PRAIRIE POLICE DEPARTMENT COMPLAINT OF EMPLOYEE MISCONDUCT

[illegible]

Please read carefully before signing.

By signing the line below, I am affirming that I have read the information in this form pertaining to the complaint process and confidentiality. The details contained in my statement are true and correct to the best of my knowledge. **Pursuant to 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.**

Print Name

Signature

Date