



**UW-Madison**  
**Police Department**  
UNIVERSITY OF WISCONSIN-MADISON

Dear Concerned Citizen:

I have enclosed the University of Wisconsin-Madison 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 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, and the names of officers involved. You may use additional paper as needed. It is very important that you provide us with the names of witnesses and how they can be contacted. It is especially important that you provide us with information so that we can contact you.

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

UW-Madison Police Department  
Attn: John McCaughtry  
Professional Standards Lieutenant  
1429 Monroe Street  
Madison, WI 53711



**Kristen Roman**  
**Associate Vice Chancellor | Chief of Police**  
1429 Monroe Street | Madison, WI 53711 | Non-Emergency: (608) 264-2677 | [uwpd.wisc.edu](http://uwpd.wisc.edu)  
*Reaching HIGHER*



Formal complaints need to be received within ninety days of the incident you are making the complaint about. Once we have received your complete materials, we will begin our investigation. At the end of our investigation, you will be notified of the results in writing. Every effort will be made to complete the investigation and department review within sixty days of receiving your complete materials. In the event the investigation and review is not completed within sixty days, a written update will be sent to you.

Any written complaint submitted to us is a public record. This means that upon request, the complaint and related documents may be subject to disclosure to the news media or anyone else that makes a request for documents. The news media or any person may choose to make the complaint and investigation public once the investigation is complete. If you request confidentiality, the Department will make every legal effort to respect your request, however, it is not possible to guarantee confidentiality. You may request confidentiality by checking the appropriate box on the Complaint Statement Form.

The Department routinely discloses summaries of complaints received. Summaries describe the nature of the complaint, the findings of the investigation, and what action, if any, was taken by the Department. Summaries do not identify individual officers, complainants or witnesses.

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 feel free to call Professional Standards Lieutenant John McCaughtry at (608) 262-2567.

Thank you.

Kristen Roman  
Chief of Police

Enclosed: Complaint Forms

# FORM REQUIRED FOR ATTESTATION AND NOTARY

State of Wisconsin )  
  ) ss  
County of Dane    )

\_\_\_\_\_, 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, Dane County, Wisconsin  
My Commission is (permanent) or (expires on \_\_\_\_\_).

UNIVERSITY OF WISCONSIN POLICE DEPARTMENT  
COMPLAINT STATEMENT FORM

Statement of:

Name \_\_\_\_\_

Please Check One:

Address: \_\_\_\_\_

Statement giver is:

Phone(s): \_\_\_\_\_

\_\_\_\_\_ Aggrieved Party

Home: \_\_\_\_\_

Or

Work: \_\_\_\_\_

\_\_\_\_\_ Witness to Incident

Best Time to Be Contacted:

This statement consists of

\_\_\_\_\_

\_\_\_\_\_ pages and was given

\_\_\_\_\_

\_\_\_\_\_  
(Date)

Before Signing this Statement, Please Read the Box Below and Choose One Statement Regarding Confidentiality.

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

2  I do not request confidentiality in regard to this matter.

Signature: \_\_\_\_\_

Statement: \_\_\_\_\_