



OFFICE OF SHERIFF
ST. CROIX COUNTY, WISCONSIN
1101 Carmichael Road Hudson, WI 54016
www.co.saint-croix.wi.us

Sheriff's Dept.
715-381-4320
Fax 715-386-4606

Jail
715-386-4752
Fax 715-381-4402

John A. Shilts
Sheriff
Scott L. Knudson
Chief Deputy

CITIZEN COMPLAINT FORM

YOUR NAME: _____

ADDRESS: _____

City State Zip Code

PHONE: Home Number Work Number

Briefly state the nature of the complaint:

Four horizontal lines for writing the nature of the complaint.

(Use an additional sheet if necessary and supply the names and addresses of other persons who have direct knowledge supporting this complaint.)

Date Signature of Citizen

This form is to be sealed in an envelope and immediately forwarded directly to the Office of Professional Standards Lieutenant.

If mailing, return form to: Lieutenant Cathy Borgschatz at above address.

Date & Time Received by Special Services Lt. Officer(s) involved (if known)

Investigating Officer Assigned Case Number