



# City of Rhinelander Police Department Employee Conduct Form

## Complainant and Contact Information

NAME			
ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE	WORK PHONE		CELL PHONE
DATE OF BIRTH	WORK HOURS		
STATEMENT GIVER IS: (Select One)			
<input type="checkbox"/> Aggrieved Party	<input type="checkbox"/> Witness to Incident		<input type="checkbox"/> Other (Explain)

## Involved RPD Personnel and Allegation

OFFICER(S) NAME AND/OR NUMBER
RPD CASE NUMBER (IF AVAILABLE)
DATE AND APPROXIMATE TIME OF INCIDENT
LOCATION
WITNESSES (Include Name, Address, Phone Number)
WITNESSES (Include Name, Address, Phone Number)

***Please attach additional sheets as necessary***

## Please Read Carefully Before Signing

Choose one statement regarding confidentiality:

- I do not request confidentiality in regard to this matter.
- I request my name be kept confidential.
- I request my name, address and phone number be kept confidential.
- I will not provide any information regarding this matter unless I am pledged confidentiality as indicated above.

IA USE ONLY			
DATE	EMPLOYEE	CR #	INTAKE NAME

