



Trenton Police Department Complaint Form - External

Revised: 03/2025

To initiate a complaint against any Trenton Police Department employee, please complete this form and return it in person, or by mail to: Office of the Chief of Police, 1071 Hwy 33 E, West Bend, WI 53095

Please contact the Administrative Offices for assistance at (262) 675-6009.

Contact Information

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # _____ Email: _____

Incident Information

Date: _____ Time: _____ Location: _____
Report/Incident # _____ Citation # _____

Employee(s) Information

Name: _____	Badge/ID # _____	Committed Act ☐	Witness ☐
Name: _____	Badge/ID # _____	Committed Act ☐	Witness ☐
Name: _____	Badge/ID # _____	Committed Act ☐	Witness ☐
Name: _____	Badge/ID # _____	Committed Act ☐	Witness ☐
Name: _____	Badge/ID # _____	Committed Act ☐	Witness ☐

Statement

Clearly and chronologically state what happened, ensuring that you articulate the conduct, facts, and evidence in support of your allegation(s). Please sign all pages that bear your statement and initial all corrections. Please include any available witness information including addresses and phone numbers.

This department will investigate all claims made against its law enforcement officers and staff. Knowingly making a false complaint against a peace officer may subject the complainant to a Class A forfeiture (Wis. Stat. § 946.66; Wis. Stat. § 66.0511)

I have read each page of this statement consisting of ____ page(s). Corrections, if any, bear my initials. I certify the facts contained herein are true and correct.

Signature: _____ Date: _____

Statement Continuation

Please sign and date each page that bears your statement and initial all corrections.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Signature: _____ Date: _____