



**Michael Steffes**  
Chief of Police  
(608) 825-1153

## DEPARTMENT OF POLICE

2598 West Main Street, Sun Prairie, WI 53590-2227  
Non-Emergency Dispatch (608) 837-7336  
RECORDS (608) 837-7339  
Fax (608) 825-1198

Dear Concerned Citizen:

Thank you for contacting the Sun Prairie Police Department to express your concerns. The Sun Prairie Police Department is committed to investigating complaints in an open and fair manner with determining the truth as our primary objective. To assist us with this effort, please provide as much information as possible, including specific dates, times and the names of employees involved. State the reasons you believe the employee's conduct was inappropriate and provide us with the names of witnesses and how they can be contacted. It is especially important that you provide us with your contact information as well. You may use additional paper as needed.

Before completing and signing your statement, please read the section regarding confidentiality and select the statement of your choice. Your complaint and related documents are a public record and subject to disclosure upon a request for documents from the news media or any other person. If you request confidentiality, the department will make every legal effort to respect your request. However, it is not possible to guarantee confidentiality.

The Department may disclose 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 employees, complainants or witnesses.

It is also important to note that depending upon the nature of your complaint, it may not be necessary for you to submit your complaint in writing. Many citizen complaints can be more efficiently and appropriately addressed by speaking directly with the employee's direct supervisor. You may contact the Officer-in-Charge at any time at (608) 837-7336 to discuss the nature of your complaint.

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

Sun Prairie Police Department  
Attn: Assistant Chief  
300 E. Main St.  
Sun Prairie, WI 53590

Sun Prairie Police Department  
Attn: Assistant Chief  
2598 W. Main St.  
Sun Prairie, WI 53590

Once we have received your completed materials, a Department supervisor will re-contact you to begin our review. At the end of our investigation, you will be notified of the results. Every effort will be made to complete the investigation and department review within 60 days of receiving your completed materials. In the event the investigation and review is not completed within 60 days, an update will be provided to you.

You may decide to take your complaint directly to the Sun Prairie Police Commission (PC). Forms for this purpose are available through the City Clerk's Office. In some cases, the department or employees involved may take your complaint to the PC. Any proceedings before the PC are public. Documents related to PC proceedings are public records and are generally subject to disclosure under Wisconsin law.

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."

Sincerely,

Michael Steffes, Chief of Police



## Employee Conduct Reporting Form

Sun Prairie Police Department

### Complainant Contact Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Statement Giver is: <input type="checkbox"/> Aggrieved Party <input type="checkbox"/> Witness <input type="checkbox"/> Other:		

### Involved Sun Prairie Police Department Personnel & Allegation

Employee(s) Name and/or Number:
SNPD Case # (if known):
Date and Time of Incident:
Location:
Allegation(s):

**Please attach a descriptive narrative of the incident.**

#### **Please read carefully before signing** (Choose one statement regarding confidentiality)

I request my complaint be kept confidential

(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 do not request confidentiality

**By signing the line below, I am affirming that I have read the information from the reverse of 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date