



CITIZEN COMPLAINT

Wausau Fire Department

606 E Thomas Street
Wausau, WI 54403
715-261-7900



INTRODUCTION

Below contains the information pertaining to accepting, processing and investigating complaints concerning allegations of employee misconduct. The complaint procedures adopted by the Wausau Fire Department ensure that fair and proper action is taken when an employee is accused of misconduct.

Establishment of procedures for investigating complaints and allegations of employee misconduct is crucial to demonstrate and protect the Wausau Fire Department's integrity. The Wausau Fire Department will accept and investigate, fairly and impartially, all complaints of employee misconduct to determine the validity of all allegations.

PROCESS

Other than those complaints which are immediately resolved, every complaint of misconduct by an employee will be investigated.

Upon receipt of a complaint, the department will acknowledge the receipt through communication with the complainant. The department may conduct a preliminary inquiry by telephone, by mail, or in person to clarify specific issues. The complaint form contains an affirmation to the truth of the information provided and a cautionary statement regarding false allegations. This statement is not intended to dissuade people from lodging legitimate, factual complaints, but is intended to forewarn against making false or malicious complaints.

Complaints may also be submitted to the Wausau Police and Fire Commission. This may be by mail (Wausau Police and Fire Commission, c/o Human Resources Department, 407 Grant Street, Wausau, WI 54403), email (wausauhumanresources@wausauwi.gov), telephone (715-261-6630), or in person (Human Resources Department, 407 Grant Street, Wausau, WI 54403). While written complaints utilizing the Citizen Complaint Form is the preferred submission method, anonymous or third-party complaints will also be accepted and reviewed to the extent that sufficient information is provided to allow for investigation. Depending on its nature, a complaint submitted directly to the Police and Fire Commission may be sent to the Wausau Fire Department for initial investigation.



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INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Sex: _____ Race: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

INFORMATION ABOUT WITNESSES / OTHERS INVOLVED

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Sex: _____ Race: _____ Involvement: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Sex: _____ Race: _____ Involvement: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

INFORMATION ABOUT THE INCIDENT

Date of Incident: _____ Time of Incident: _____ Incident # (if known): _____

Location of Incident: _____

INFORMATION ABOUT THE EMPLOYEE

Department employee(s) involved (name(s), and/or physical description):
