



**CITY OF SHEBOYGAN POLICE AND  
FIRE COMMISSION COMPLAINT OF  
EMPLOYEE MISCONDUCT**

**Witness Information #1**

|             |             |          |      |
|-------------|-------------|----------|------|
| Name:       |             |          |      |
| (Last)      | (First)     | (Middle) |      |
| Address:    | City:       | State:   | Zip: |
| Cell Phone: | Home Phone: |          |      |

**Witness Information #2**

|             |             |          |      |
|-------------|-------------|----------|------|
| Name:       |             |          |      |
| (Last)      | (First)     | (Middle) |      |
| Address:    | City:       | State:   | Zip: |
| Cell Phone: | Home Phone: |          |      |

**Witness Information #3**

|             |             |          |      |
|-------------|-------------|----------|------|
| Name:       |             |          |      |
| (Last)      | (First)     | (Middle) |      |
| Address:    | City:       | State:   | Zip: |
| Cell Phone: | Home Phone: |          |      |

**Witness Information #4**

*(Additional pages can be attached to this form)*

|             |             |          |      |
|-------------|-------------|----------|------|
| Name:       |             |          |      |
| (Last)      | (First)     | (Middle) |      |
| Address:    | City:       | State:   | Zip: |
| Cell Phone: | Home Phone: |          |      |



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*Print Name*

*Signature*

*Date*