

Case # _____
Officer # _____

BODILY HARM/LACK OF CONSENT

The undersigned states that on the ____ day of _____, 20____,

at approximately _____ AM/PM, he /she was ____ hit, ____ kicked, ____ clubbed, or other

(describe) _____

_____ and this

occurred at _____, located

in the Village / Township of _____, Monroe County, Wisconsin, and this

was done without my consent, and I did receive pain and /or injury described as follows:

_____ which _____ did (complete Release of Health Information form)

_____ did not, require medical care at the following treatment facility:

_____.

Date this ____ day of _____, 20____

(Victims Signature)

(Victims Printed Name)