

NAME OF PERSON FILING COMPLAINT	HOME TELEPHONE NUMBER
	(      )
STREET ADDRESS	WORK TELEPHONE NUMBER
	(      )
CITY, STATE, ZIP CODE	HOURS OF WORK

Where and when is the best time for us to contact you: \_\_\_\_\_

May we contact you at work?     **YES**     **NO**

**NATURE OF THE COMPLAINT:** (Please be as specific as possible. Include the names, badge numbers or descriptions of any department members involved as well as the date, time and location of the incident. Also, please include the name, address, and telephone numbers (if known) of any witnesses to the incident.)

I do hereby swear or affirm that the facts outlined above are true and understand that deliberate lies or false statements made in this report may subject me to arrest for filing a false police report under the Illinois Compiled Statutes or other Civil penalties.

SIGNATURE OF COMPLAINANT	DATE	TIME
<b>X</b>		

Signed and sworn to or affirmed by \_\_\_\_\_ before me on \_\_\_\_\_, 200\_\_.

( Seal )

\_\_\_\_\_  
Notary Public