

To Whom It May Concern,

Please complete the attached documents and return to the Chief of Police of the Metropolis Police Department within ten (10) working days.

In addition to these documents, you will be requested by the Chief to sign a sworn affidavit to support your complaint against a member of the Metropolis Police Department.

Failure by the compaintant to complete a written complaint will result in no action being taken on the complaint.

COMPLAINT AGAINST DEPARTMENT MEMBER

		DL NUMBER	DATE OF REPORT	
NAME OF COMPLAINANT (PLEASE PRINT)		DATE OF BIRTH	SSN	
ADDRESS OF COMPLAINANT			HOME PHONE	
EMPLOYER NAME AND ADDRESS			BUSINESS PHONE	
DATE AND TIME OF INCIDENT		ADDRESS WHERE INCIDENT OCCURRED		
NAMES OF PERSONS YOU ARE SUBMITTING COMPLAINT AGAINST				
1.		2.		
3.		4.		
HAV YOU REPORTED THIS TO ANYONE PREVIOUSLY?		IF SO, WHOM?		DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO				
PERSONS WHO WITNESSED EVENT (INCLUDING SELF)				
NAME		ADDRESS (WORK OR HOME)		PHONE
SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING:				
PLEASE READ BEFORE SIGNING: I UNDERSTAND THAT IT IS A VIOLATION OF 720 ILCS 5/26-1(A)(4) TO WILLFULLY MAKE A FALSE REPORT. IN THE EVENT THE REPORT IS PROVEN TO BE FALSE, THE INFORMATION MAY BE PROVIDED TO THE STATES ATTORNEY FOR POSSIBLE PROSECUTION				
SIGNATURE OF COMPLAINANT				
PERSON RECEIVING COMPLAINT	ID NO.	PLACE TAKEN	DATE	TIME
				AM/PM
INTERNAL INVESTIGATION USE ONLY ASSIGNED TO:			DATE	DUE

CONTINUATION OF SUMMARY:

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COMPLAINANT'S SIGNATURE:

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DISTRIBUTION
ORIGINAL:
FIRST COPY:
SECOND COPY:
THIRD COPY:

RECEIPT ACKNOWLEDGED	
OFFICER	
SERGEANT	
CHIEF	
COMMISSIONER	

CONTINUATION OF SUMMARY:

COMPLAINANT'S SIGNATURE: