CITIZEN COMPLAINT FORM

Name, Address, and Telephone number of the complainant: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Any complaint, and having been found, in total or in part, to contain knowingly false material information, shall be presented to the appropriate State's Attorney for a determination of prosecution.

Date of incident: _____________________  Time of incident: _____________________

Location of incident: ____________________________________________________________

Officer(s) involved in incident: ____________________________________________________
____________________________________________________________________________________

Primary complaint: ________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Narrative (please describe the incident in as much detail as possible, including any injuries sustained and any witnesses): ______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
