CITIZEN'S COMPLAINT Affidavit



Complainant:	DOB:				
Address:	City:	State			
Home Phone:	Work Phone:				
Complaint taken: In person: If complaint is received via phone or letter, mail the required	affidavit to complainant and attach a copy o	f the notice			
*Affidavit delivered by:	(Attach copy of letter) Date:				
Witness:	Phone:				
Address:	City:	State			
EMPLOYEE'S NAME:	#_	Unit			
Incident Date:	Location:				
Nature of					

Attach additional witness/complainant statement forms

Affidavit:

IA#

You are hereby advised that this affidavit is being taken pursuant to the Uniform Peace Officers' Disciplinary Act, 50 ILCS 725/3.8(b). Anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit. This affidavit constitutes an official police report, and your statement will be notarized. Under penalties of perjury, all information contained in this affidavit, and any attached documents must be truthful and accurate.

Complainant's Signature	Date	Receiving Supervisor's Signature
Subscribed and sworn to befo	ore me on this date	:
Signature of Notary Public		

Complainant statement:					

Deputy Chief R	eceiving			2.4
	Date			
Supervisor Ass	Date			
Investigation fi				
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Signature of	Supervisor			Date
CONCLUSION	OF FACTS:			τ.
Unfounded	Exonerated	Not Sustained	Sustained	Policy Failure
Returned to De	eputy Chief:			
Forwarded to (Chief of Police:			
Complainant N	lotified By:			