

Breese Police Department Complaint Against Department Member

		Incident Number	Date of this Report
Name of Complainant (Please Print).		Date of Birth	Social Security No.
Address		Home Phone	
Employer		Business Phone	
Date and Time of Incident		Address Where Incident Occurred	
Name of Person(s) You Are Complaining About, If Known.			
1.		2.	
3.		4.	
Have you reported this to another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, Whom:	Date

Persons Who Actually Saw Event (Including Self)

Name	Address	Phone No.
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

Print Summary of Occurrence of Which You Are Complaining:

(Summary Continued on Other Side)

CONTINUATION OF SUMMARY

Complainant's Initials

Please Read Before Signing <input type="checkbox"/> I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true. <input type="checkbox"/> I also 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 State's Attorney for possible prosecution. <input type="checkbox"/> The complainant in this matter is either unknown, unable, or is unwilling to swear out the affidavit. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.	Signature of Complainant
	Notary Signature <div style="text-align: right;">SEAL</div>

The signature of _____, was subscribed and sworn before me, this _____ day of _____, 20 ____.

Person Receiving Complaint:	DSN:	Place Taken:	Date:	Time:
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DISTRIBUTION ~ Sergeant ~ Chief of Police Mail Completed form to: BREESE POLICE DEPARTMENT ATTN: CHIEF OF POLICE 500 N 1ST STREET BREESE, IL 62230	RECEIPT ACKNOWLEDGED	
	Dispatch	
	Patrolman	
	Sergeant	
	Chief of Police	