

Illinois State Police Complaint Against Department Member

		DII 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 Anyone Previously? <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

- ____ I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.
- ____ 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.
- ____ 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

SEAL

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

Person Receiving Complaint:	ID No.	Place Taken:	Date:	Time:
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DISTRIBUTION
Original direct to DII
First copy through channels to Deputy Director
Second copy investigative file

RECEIPT ACKNOWLEDGED

Supervisor	
District Commander	
Area Commander	
Assistant Deputy Director	
Deputy Director	