

MADISON COUNTY SHERIFF'S OFFICE
405 RANDLE STREET
EDWARDSVILLE, ILLINOIS 62025

COMPLAINT AGAINST DEPARTMENT MEMBER

DATE OF REPORT: _____, 20____. CASE NUMBER: _____

NAME OF COMPLAINANT _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____
(MONTH) (DAY) (YEAR)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ ALTERNATE TELEPHONE _____
(AREA CODE) (AREA CODE)

DATE OF INCIDENT _____ TIME _____ LOCATION _____

NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT, IF KNOWN:

- 1. _____ 3. _____
- 2. _____ 4. _____

HAVE YOU REPORTED THIS TO ANYONE PREVIOUSLY? YES NO

IF YES, TO WHOM: _____ DATE: _____

WITNESSES TO THIS INCIDENT - IDENTIFY BY NAME, ADDRESS & TELEPHONE NUMBER (IF KNOWN):

- 1. _____

- 2. _____

- 3. _____

PRINT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING:

CONTINUATION OF SUMMARY

HAVE YOU PREVIOUSLY FILED A COMPLAINT AGAINST A POLICE OFFICER? YES NO

IF YOU ANSWERED YES, _____
(OFFICER NAME) (DEPARTMENT)

WHEN _____
(DATE) (DISPOSITION)

PLEASE READ BEFORE SIGNING: I UNDERSTAND THAT IT IS A VIOLATION OF THE ILLINOIS STATE STATUTES TO WILLFULLY MAKE A FALSE REPORT. IN THE EVENT THIS REPORT IS PROVEN TO BE FALSE, THE INFORMATION WILL BE PROVIDED TO THE MADISON COUNTY STATE'S ATTORNEY FOR POSSIBLE PROSECUTION.

(SIGNATURE OF COMPLAINANT) DATE: _____

EMPLOYEE RECEIVING COMPLAINT: _____ DSN _____

DATE RECEIVED: _____ TIME RECEIVED: _____

NOTE: THIS FULLY COMPLETED FORM, ONCE SIGNED, IS TO BE SEALED IN AN ENVELOPE AND FORWARDED IMMEDIATELY TO THE OFFICE OF THE CHIEF DEPUTY SHERIFF OF THE MADISON COUNTY SHERIFF'S OFFICE FOR REVIEW AND POSSIBLE INVESTIGATION ACTION, IF WARRANTED.

RECEIVED IN THE OFFICE OF THE CHIEF DEPUTY SHERIFF

(NAME) (DSN) DATE: _____

DISPOSITION OF COMPLAINT: (BRIEF NARRATIVE)

DATE: _____
(CHIEF DEPUTY SHERIFF - SIGNATURE)