

Edwardsville Police Department Complaint Against Department Member

Please print when completing form		Incident Number (office use)	Date of Report	
Name of Complainant		Date of Birth	Driver's License No.	
Address			Phone home or cell (circle)	
Employer			Business Phone	
Date and Time of Incident	А	Address Where Incident Occurred		
Name of Person(s) You Are Complainin 1.	g About, 2			
3.	4.			
Have You Reported This To Anyone Previously? — Yes — No		If So, Whom	Date	
Persons Who A	ctually W	/itnessed Event (Including S	Self)	
Name		Address	Phone Number	
Print Summary of Occurrence of Which	You Are	Complaining:		

Continuation of Summary:					
Attach additional sheet if necessary and initial at the end	d of statement				
Read Before Signing					
understand, and it is my desire, that this complaint be investigated diligently. I declare that					
the allegations contained in this complaint are true.					
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.	i is a ti de alid accui	ate summary or	uie		
incidents as related to the by the complaniant.					
Signature of Complainant:					
Person Receiving Complaint ID No. Place Taken		Date	Time		
Distribution:	Receipt Acknowledged				
Original to Chief of Police	Supervisor:				
Copy Chain of Command	Lieutenant:				
Copy File	Deputy Chief:				
	Chief:				