



Bartonville Police Department

Employee Complaint Form

Please print or type

I. COMPLAINING PARTY INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

II. DESCRIPTION OF COMPLAINT

1. Name of Bartonville Police Officer(s) or Employee(s) associated with complaint:

2. If name(s) of Bartonville Police Officer(s) or Employee(s) complained of is unknown, provide description including sex, race, hair color, eye color, badge number, approximate height, weight, and age: _____

3. Where did the incident complained of occur? _____

4. When did incident complained of occur? (both date and time) _____

5. Details of incident: _____

6. Were you injured in any manner? _____

7. Have you sought medical treatment for injuries related to the incident? _____

8. If answer to #7 is yes, where and when did you receive medical treatment? _____

9. Did anyone witness the incident? _____

10. If the answer to #9 is yes, list the name(s), address(es) and telephone number(s) of witness(es):

1. Name: _____

Address: _____

Telephone: _____

What do you believe this witness saw or heard? _____

Name: _____

Address: _____

Telephone: _____

What do you believe this witness saw or heard? _____

IF THERE ARE ADDITIONAL WITNESSES, list their names and other information requested above on the reverse side of this page.

I, _____, request that a thorough and complete investigation be made of this complaint and I agree to cooperate fully in the investigation including giving written statements and testifying at a disciplinary hearing, if necessary. I understand that in some cases, I may be asked to submit a polygraph examination as part of this investigation. I further understand that if the investigation proves these allegations to be intentionally false or made with reckless disregard for their truth or falsity, I may be prosecuted criminally or civilly.

I, _____, hereby certify that all of the statements contained in the Complaint form are true and correct to the best of my knowledge and belief.

Received By: _____

Employee of the Bartonville Police Dept.

Date & Time

RETURN COMPLETED POLICE COMPLAINT FORM IN PERSON TO:

Bartonville Police Department
5918 S. Adams St.
Bartonville, IL 61607

AFFIDAVIT

I, _____, being first duly sworn upon my oath, do hereby testify as follows:

1. I am over the age of eighteen years old.
2. I filed the attached complaint against police officer(s) or employee(s) with the Bartonville Police Department on _____, 20____.
3. I certify that everything stated in the police complaint is true and accurate to the best of my knowledge.

FURTHER AFFIANT SAYETH NOT.

Dated this _____ day of _____, 20_____.

Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

BY: _____

Notary Public

(Notary Seal)

Illinois State Law, Complaint Against Police Officers (Public Act 93-0592), requires; *“Anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit.”* This document must be the original document, we cannot accept a photocopy document or a photocopy signature.

