



CITY OF MORRIS

DEPARTMENT OF POLICE
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MORRIS, IL 60450

CHIEF OF POLICE
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CITIZEN COMPLAINT FORM

Name, Address, and Telephone number of the complainant: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Officer(s) involved in incident: _____

Primary complaint: _____

Narrative (please describe the incident in as much detail as possible, including any injuries sustained and any witnesses): _____
