



BLOOMINGDALE POLICE DEPARTMENT

Department Member Complaint Form

It is the policy of the Bloomington Police Department to thoroughly investigate all complaints of any possible violation of the department's Rules & Regulations and/or Policies & Procedures. This department recognizes that maintaining a professional conduct throughout the organization requires an objective, fair and honest review process that will ensure the department's integrity and maintain public confidence.

Name of Complainant: _____ Date of Report: _____

Address: _____ Date of Birth: _____

Sex: _____ Phone #: _____ Work Phone #: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Department Member(s) Involved (If Known): _____

Witness #1: _____

Address: _____ Date of Birth: _____

Sex: _____ Phone #: _____ Work Phone #: _____

Witness #2: _____

Address: _____ Date of Birth: _____

Sex: _____ Phone #: _____ Work Phone #: _____

Narrative (*Please describe the incident in as much detail as possible. You may list additional witness information at the end of the narrative. Additional sheets may be attached if necessary.*):

Signature of Complainant

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 and accurate based upon my personal knowledge of the facts contained herein.

I also understand that it is a violation of 720 ILCS 5/25-1(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.

SWORN and SUBSCRIBED to before me

This _____ day of _____, 20____

Notary Public

Person Receiving Complaint (*Name, Rank & Badge #*): _____

Date: _____ Time: _____ Location: _____

Distribution: Original with File
Copy to Director of Public Safety
Copy to Deputy Chief of Operations
Copy to Complainant