

Illinois State Police Complaint Against Department Member

DII Number	Date of this Report
Date of Birth	Social Security No.
	Home Phone
	Business Phone

Date and Time of Incident	Address Where Incident Occurred	
Name of Person(s) You Are Complaining About, If Known.		
1.		2.
3.		4.
Have You Reported This To Anyone Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, Whom:	Date

Persons Who Actually Saw Event (Including Self)

Name	Address	Phone No.
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

Print Summary of Occurrence of Which You Are Complaining:

[illegible]

(Summary Continued on Other Side)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

_____ I also understand that it is a violation of 720 ILCS 5/26-1(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.

_____ 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.

Signature of Complainant:

Person Receiving Complaint:	ID No.	Place Taken:	Date:	Time:
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Original direct to DII
First copy through channels to Deputy Director
Second copy investigative file

RECEIPT ACKNOWLEDGED	
Supervisor	
District Commander	
Area Commander	
Assistant Deputy Director	
Deputy Director	