

**Taylorville Police Department
Complaint Against Department Member**

Date of Report: _____

Name of Complainant: _____

Date of Birth: _____

Address: _____

Phone: _____

Employer: _____

Phone: _____

Date/Time of Incident: _____ Address/Location of Incident: _____

Name of Person You Are Complaining About: _____

Witnesses to Incident (Name/Address/Phone): _____

Summary of Occurrence/Complaint:

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Please Read Before Signing	Initial Appropriate Boxes
<input type="checkbox"/>	I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.
<input type="checkbox"/>	I also understand that it is a violation of 720 ILCE 5/26-1(a) (4) to willfully make a false report. In the event the report is proven to be false, the information will be provided to the State's Attorney's Office for possible prosecution.
<input type="checkbox"/>	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.

_____ **Complainant's Initials**

_____ **Signature of Complainant**

The signature of _____, was subscribed and sworn before me, this _____ day of _____, 20 ____;

Notary Signature: _____

SEAL