

**POLICE**

**OFFICE OF PROFESSIONAL STANDARDS Complaint Against Cicero Police Department Member Form**

TOWN OF CICERO  
4949 West Cermak Road,  
Cicero, Illinois 60804

OPS CASE # \_\_\_\_ - \_\_\_\_\_

**CONFIDENTIAL REPORT**

Date you are writing this complaint:		
Name of Complainant (Please Print)	Date of Birth	Social Security Number
Address		Home Phone
Employer		Business Phone
Date/Time of incident	Address where incident occurred	
Name(s) of the person(s) you are complaining about, if known		
1.	2.	
3.	4.	
Have you reported this to anyone previously? [ ] Yes [ ] No		
If so, to whom:		Date you previously reported this:

**Witnesses to the incident**

NAME	ADDRESS	PHONE NUMBER
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

The Illinois Compiled Statutes require that this form be notarized prior to acceptance by the Town of Cicero Office of Professional Standards. I understand that this report is being submitted to the Town of Cicero Office of Professional Standards and will serve as a basis for an internal investigation. I declare and affirm that the facts contained in this complaint are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding if necessary. I also understand that this is an official police report and that any intentional false statements herein attested by me, may cause criminal and/or civil proceedings against me.

<i>Please Read Before Signing</i> I 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 false, the information may be provided to the State's Attorney for possible prosecution.		Signature of Complainant (attested to)	Date:
<b>Notary Section:</b> Subscribed and sworn before me this day of _____ 20__	Notary Seal:	Signature of parent if complainant is under 18 years of age:	Date:
Person Receiving Complaint	ID #	Taken Place	Date
		Time	[ ] AM [ ] PM

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**PRINT A SUMMARY OF WHAT YOU ARE COMPLAINING ABOUT:**

PRINT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING:


Complainant' s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION-

- Original to OFFICE OF PROFESSIONAL STANDARDS  
4949 W CERMAK ROAD  
CICERO, IL 60804  
(708) 656-3600

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