

POLICE

OFFICE OF PROFESSIONAL STANDARDS
4949 West Cermak Road,
Cicero, Illinois 60804

Complaint Against Department Member Form

OPS CASE # ____ - ____

CONFIDENTIAL REPORT

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

Witnesses to the incident

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

Please Read Before Signing
 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): _____ **Date:** _____

Signature of parent (if complainant is under 18 years of age): _____ **Date:** _____

<u>Person Receiving Complaint:</u> _____	<u>ID #:</u> _____	<u>Taken Place:</u> _____	<u>Date:</u> _____ <u>Time:</u> _____
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<u>Office of Professional Standards Use Only:</u> <u>Assigned To:</u>	<u>ID #</u>	<u>Date Assigned:</u>	<u>Status/Due Date:</u>	<u>Complaint Category:</u>

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PRINT or TYPE A SUMMARY OF WHAT YOU ARE COMPLAINING ABOUT:

[Empty box for summary of complaint]

Complainant(s) Signature: _____

Date: _____

DISTRIBUTION:

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

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CONTINUATION SHEET

[Large empty rectangular area for text entry]

Complainant(s) Signature: _____

Date: _____

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IAD CASE # ___ - _____