I.A#	



South Beloit Police Department Compliments and Complaint Form

CITIZEN'S NAME:			PHONE: () _			
		(PRINT)				
Address:						
	STREET	CITY	STATE	ZIP CODE		
WITNESS NAME:			PHONE: ()			
(LIST ADDITIONAL IN NARRATIVE)		(PRINT)				
Address:		<u>_</u>				
	STREET	CITY	State	ZIP CODE		
Officer(s) Involved	:	NATURE OF 1	INCIDENT:			=
1						
2		INCIDENT OCCURED:				
3	· · · · · · · · · · · · · · · · · · ·	Date:/ Time:				
4		Location:				
						=
Narrative:						
-						
						-

	I.A#	#
Narrative Contin	ued	
PLEASE READ BEFORE SIGNING:		
I understand that it is a violation of 720 Illinois Compiled Statutes, Article 26, S any peace officer, public officer or public employee a report to the effect the transmission that there is no reasonable ground for believing that such an offense the information may be submitted to the State's Attorney for possible prosecution	nat an offense has been committed, knowing at the time of the has been committed". In the event the report is proven to be	f such
Signature of Citizen Submitting Compliment/Complaint	Date	
Signature of South Beloit Employee Receiving Compliment/Complaint	Date	

^{*}This form may be turned in to any South Beloit Police Officer or Supervisor for processing. If the incident is of a sensitive nature, it may be turned in directly to the Chief of Police.