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: _____
STREET CITY STATE ZIP CODE

OFFICER(S) INVOLVED:

1. _____
2. _____
3. _____
4. _____

NATURE OF INCIDENT:

_____

INCIDENT OCCURED:

DATE: ____/____/____ TIME: _____

LOCATION: _____

Narrative:

_____
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Narrative Continued

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PLEASE READ BEFORE SIGNING:

I understand that it is a violation of 720 Illinois Compiled Statutes, Article 26, Section 5/26-1 (a) (4) for any person to "Transmit in any manner to any peace officer, public officer or public employee a report to the effect that an offense has been committed, knowing at the time of such transmission that there is no reasonable ground for believing that such an offense has been committed". In the event the report is proven to be false, the information may be submitted to the State's Attorney for possible prosecution.

_____

Signature of Citizen Submitting Compliment/Complaint Date

_____

Signature of South Beloit Employee Receiving Compliment/Complaint Date

The following notary public signature is only required on complaints against sworn police officers.

Subscribed and sworn to before me this _____ day of_____, 20_____.

Notary Public: _____

*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.