

**WESTERN SPRINGS POLICE DEPARTMENT
CITIZEN INQUIRY/INFORMAL**

Date Reported: _____ Time Reported: _____

Manner Reported () In Person () Telephone () Mail

Date Incident Occurred: _____ Time: _____

Location Occurred: _____

Police Employee(s) Involved: 1. _____

2. _____

3. _____

Allegations: _____

(Use reverse side if necessary)

Name of Complainant: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

E-mail: _____

Name of Witness: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Name of Witness: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Are you willing to take a Polygraph Examination to confirm the allegations you have made? yes no

Were you issued a traffic citation or arrested during or prior to the allegations you have made? yes no

Notice to Complainant

The Western Springs Police Department will accept and investigate all inquiries against departmental employees and /or policies, procedures or operations. While the Department cannot dismiss anonymous inquiries, inquiries that are made in such a manner must be judged on its own merits to determine the depth of investigation required. Your signature on this form verifies that the Department has received your complaint.

The Department anticipates completing this investigation within 30 days of receipt of this complaint. In the event that the investigation is not completed within this estimated time frame, you will be notified. You will also be notified when the investigation is completed.

Pursuant to 50 ILCS 725/3. 8(b), anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit.

The giving of false information on this form is punishable under 720 ILCS 5/26-1A4 – FILING OF A FALSE POLICE REPORT.

False allegations which are determined to be slanderous in nature and/or are made without merit or foundation against a member of the Western Springs Police Department may result in a civil action against you.

The results of this investigation will have no bearing on any criminal/traffic offense lodged against you.

I have read this statement that I have voluntarily made and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge.

Complainant's Signature _____ Date: _____

Complainant's Name Printed: _____

Received by: _____ Date Received: _____

Notary Seal

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Disposition

Unfounded Exonerated Not Sustained

Sustained

Deputy Chief _____

Chief _____