



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



Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Manner Reported ( ) In Person ( ) Telephone ( ) Mail ( ) Email ( ) Other ( ) Anonymous

Date Incident Occurred: \_\_\_\_\_ Time: \_\_\_\_\_

Location Occurred: \_\_\_\_\_

Police Employee(s) Involved: 1. \_\_\_\_\_  
2. \_\_\_\_\_

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.**

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

Complainant's Name Printed: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_  
Notary Seal

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**Complaint/ Inquiry Disposition**

( )    Unfounded    ( )    Exonerated    ( )    Not Sustained    ( )    Sustained

Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Chief: \_\_\_\_\_ Date: \_\_\_\_\_