Illinois State Police

Complaint Against Department Member

Down Load from Internet

DII Number	Date of this Report
Name of Complainant (Please Print).	Date of Birth / Social Security No.
Address	Home Phone
Employer	Business Phone
Date and Time of Incident	Address Where Incident Occurred

Name of Person(s) You Are Complaining About, If Known.

1. 2.

3. 4.

Have You Reported This To Anyone Previously? ☐ Yes ☐ No	If So, Whom:	Date

Persons Who Actually Saw Event (Including Self)

Name	Address	Phone No.
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

Print Summary of Occurrence of Which You Are Complaining:

(Summary Continued on Other Side)

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 to be false, the information may be provided to the State's Attorney for possible prosecution.

Signature of Complainant

Person Receiving Complaint	I.D. No.	Place Taken	Date	Time ☐ A. M. ☐ P. M.

Internal Investigation Use Only: Assigned To:	Date:	Due:

CONTINUATION OF SUMMARY

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Complainant's Initials

DISTRIBUTION

Original direct to DII

First copy through channels to Deputy Director

Second copy investigative file

RECEIPT ACKNOWLEDGED	
Supervisor	
District Commander	
Area Commander	
Assistant Deputy Director	
Deputy Director	