LADD POLICE DEPARTMENT

COMPLAINT FORM

CASE #	DATE:
I,(Name not required bu	, being the complaining witness ut recommended)
	now state that I do/ I do not wish to prosecute for, against a person or police
officer	·
☐ I request that the co	mplaint I previously signed be withdrawn.
☐ I request that any ev	vidence in the case be returned.
☐ I request that any ev	vidence in the case be destroyed.
☐ I would like to make	a statement against a police officer, government employee
or elected official.	

I understand that the State's Attorney's Office is willing to proceed with a complaint, but nevertheless do not desire a prosecution.

This action on my part is free and voluntary and I have not been coerced or intimidated in any way in deciding on this course of action.

This portion is for refusal of victim for criminal prosecution (other than Police)			
Victim	Date	Time	
Parent/Guardian	Date	Time	
Officer	Date	Time	
This portion is for complaint and Officer Acknowledgement	prosecution of Police Date	Time	
Chief Acknowledgement	Date	Time	
Case number assigned	Investigating Officer	 ID #	
Investigating Authority	Date	Time	