

Village of Ladd Police Department

Complaint Against Department Member



Date of Report		
Name of Complainant (Please Print)		Date of Birth
Address		Home Phone
Address Where Incident Occurred		Date and Time of Incident
Name of Person(s) You Are Complaining About, If Known. <div style="display: flex; justify-content: space-between;"> 1. 2. </div> <div style="display: flex; justify-content: space-between;"> 3. 4. </div>		
Have You Reported This to Anyone Previously? Yes No	If So, Whom:	Date
Person Who Actually Saw Event (Including Self)		
Name	Address	Phone No.
	Home:	
	Business:	
	Home:	
	Business:	
	Home:	
	Business:	
	Home:	
	Business:	

Please Read Before Signing and Initial

____ I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.

____ I also 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.

____ The complainant in this matter is either unknown, unable, or is unwilling to swear out the affidavit. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.

Signature of Complainant

Notary Signature/Seal

Person Receiving Complaint:

ID No.

Date:

Time: