LANSING POLICE DEPARTMENT
COMPLAINT AGAINST DEPARTMENT EMPLOYEE

Complaint Information:		RD Number:
Name:		Date of Birth:
Home Address:		
Employer Address:		
Home Phone:	Work:	Cell:
Location of Incident:		
Incident Date:	Time of Incident:	Date Complaint Filed:

Name of Person(s) Complaining About:

1)	3)
2)	4)

Witnesses who actually saw and were present at the incident:

Name	Address	Phone Number

Please print a summary of complaining incident:

(Continued on other side)

Complaining Summary:

PLEASE READ BEFORE SIGNING

It is the policy of the Lansing Police Department to thoroughly investigate all complaints against employees of the Department. Illinois law requires that all complaints be supported by sworn affadavit. As such, you will be required to sign this complaint under oath or affirmation. If the results of the investigation reveal you knowingly provided false information regarding this complaint, you may be subject to criminal prosecution.

_____ _____

Original Complaint's Signature

(Complaint's signature sworn under oath stating that this complaint has been read by him/her and that this complaint is true).

Signed and sworn to before me as a notary public of Cook County, Illinois this _____day of _____, 20_____.

_____

Notary Public Signature

STAMP

Internal Routing Only:

Supervisor receiving the complaint:_____Date:_____

Supervisor investigating complaint:_____Date Forwarded to:_____

Field Services/Support Services Deputy Chief Copied:_____Date:_____