CITIZEN COMPLAINT FORM

Name, Address, and Telephone number of the complainant:	
Any complaint, and having been found, in total or in part, to contain knowingly false material information, shall be presented to the appropriate State's Attorney for a determination of prosecution.	
Date of incident: Time of incident:	
Location of incident:	
Officer(s) involved in incident:	
Primary complaint:	
Narrative (please describe the incident in as much detail as possible, including any injuries	
sustained and any witnesses):	

Signature of Complainant	Date
Signature of Complainant	Date