

Citizen Complaint Form

Date _____ 20 _____

Name _____
(Last) (First) (M.I.) (Other names used)

Address _____

City _____ State _____ Zip _____ Telephone _____

Date of Incident _____ 20 _____

Location of Incident _____

Name of employee(s) _____

Name of persons who witnessed the incident _____

Explain in detail what occurred: _____

If there is a hearing on the officer, will you participate? YES / NO (Circle one)

The statements and information provided in reference to the listed incident and actions or failures to act on behalf of the employees of the East Alton Police Department, are truthful and complete to the best of my knowledge: knowing that providing false information and information intended to deceive can be prosecutable under offenses incorporated in the Illinois Compiled Statutes.

Signature _____

Please print off and sign an original copy to be forwarded to;

East Alton Chief of Police

211 North Shamrock

East Alton, IL 62024