

WINNETKA POLICE DEPARTMENT

Personnel Complaint Form

Pursuant to 50 ILCS 725/3.8, completion of this form is optional.

Complainant			Incident Number
Address			
Home Telephone	Business Telephone	Other	
Location of Incident		Date of Incident	Time of Incident
Employee(s) Involved			Star Number
Witness			
Address			
Home Telephone	Business Telephone	Other	
Witness			
Address			
Home Telephone	Business Telephone	Other	
Complainant Narrative:			
Attachment(s)			
€ In Person: To the best of my knowledge and belief, that the statements I have made are true and correct.			
Complainant's Signature		Parent or Guardian Signature (If under 18 years of age)	Date
For Department Use Only			
€Telephone €Letter €Email : "To the best of my knowledge and belief, that the statements I have written above are true and correct as related to me."			
Complaint Witnessed by:		Star Number	Date Received
<input type="checkbox"/> Copy provided to Complainant Initial/date		<input type="checkbox"/> Copy provided to accused Employee (s) Initial/date	

