



ELGIN POLICE DEPARTMENT Citizen Complaint



It is the policy of the Elgin Police Department to thoroughly investigate complaints concerning employees or any of the department's policies and procedures. The department strives to complete all investigations within thirty (30) days of receiving the complaint. Complaints more complex in nature may require additional time to complete the investigation. At the completion of the investigation, you will be notified of the disposition.

Form completed by the reporting person Form completed by a supervisor on behalf of the reporting person

Date of the incident _____ Time of the incident _____

Name of reporting person _____

Location of the incident _____

Name of employees involved _____

Witness number 1, if available and is optional

Name _____ Phone number _____

Full address (city/state/zip) _____ DOB _____

Witness number 2, if available and is optional

Name _____ Phone number _____

Full address (city/state/zip) _____ DOB _____

Narrative: Describe the incident in as much detail as possible. You may list additional witness information at the end of the narrative. If more space is needed, go to page two.

Completion of the below is optional

Reporting person (Optional) _____ DOB _____ Date _____

Signature (Optional) _____ Phone # _____

Full address (city/state/zip) (Optional) _____

Signature of in-taking supervisor _____ Badge # _____ Date _____

A copy of the completed form was provided to the citizen Yes No

If no, explain: _____

