CITIZEN COMPLAINT FORM

Complainant Name		
Complainant Address		
Complainant Telephone Number		
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