



# MATTESON POLICE DEPARTMENT

## CITIZEN COMPLAINT FORM

NUMBER : \_\_\_\_\_

DATE : \_\_\_\_\_

MY NAME IS ( MS., MISS, MRS., MR. ) \_\_\_\_\_

( FIRST ) ( MIDDLE ) ( LAST )

I AM \_\_\_\_\_ YEARS OLD.

MY ADDRESS IS

( STREET ) ( CITY ) ( STATE ) ( ZIP )

MY HOME PHONE IS ( ) , OR BETWEEN \_\_\_\_\_ AM / PM

AND \_\_\_\_\_ AM / PM , I CAN BE REACHED AT WORK ( )

I WANT TO COMPLAIN ABOUT (BADGE/S, OFFICER/S, CAR NUMBER) \_\_\_\_\_

MY COMPLAINT IS THAT ON (DATE) \_\_\_\_\_ AT (LOCATION) \_\_\_\_\_

AT ABOUT ( TIME ) \_\_\_\_\_

(NARRATIVE) \_\_\_\_\_

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(ATTACH AS MANY SHEETS AS NECESSARY)

I UNDERSTAND, AND IT IS MY DESIRE, THAT THIS COMPLAINT WILL BE INVESTIGATED DILIGENTLY. I FURTHER UNDERSTAND THAT IF THE INVESTIGATION PROVES THESE ALLEGATIONS TO BE FALSE, I MAY BE LIABLE TO BOTH CRIMINAL AND CIVIL PROSECUTION. I ALSO UNDERSTAND THAT IN SOME CASES I MAY BE ASKED TO SUBMIT TO A POLYGRAPH EXAMINATION AS PART OF THE INVESTIGATION.

DATE / TIME RECEIVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

RECEIVED BY : \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 17 YEARS OLD)

IF YOU WISH TO MAIL THIS FORM, PLEASE SEND TO :  
MICHAEL JONES  
CHIEF OF POLICE  
MATTESON POLICE DEPARTMENT  
0500 S. CICERO AVE.  
MATTESON , IL 60443

\*\*\*\*\*  
STATE OF ILLINOIS  
COUNTY OF COOK

SEAL

NOTARY PUBLIC

\*\* COMPLAINT MUST BE NOTARIZED BEFORE SUBMITTAL \*\*