



Frankfort Police Department
 20602 Lincoln-Way Lane • Frankfort, Illinois 60423
 Administrative Office (815) 469-9435
 Fax (815) 469-7997

CITIZEN COMPLAINT SWORN AFFIDAVIT

COMPLAINANT'S NAME _____ DATE _____ TIME _____

ADDRESS _____ PHONE # _____

NATURE OF COMPLAINT

DATE AND TIME OF OCCURRENCE _____ CASE REPORT # _____

OFFICER(S) INVOLVED 1. _____ 2. _____
 3. _____ 4. _____

COMPLAINT _____

I affirm the above allegations to be true and I understand that upon my swearing to this complaint, the facts of this incident will be investigated by the Frankfort Police Department and/or legal authorities. I further understand that if this complaint is found, in fact to be false, I may be liable for prosecution under Illinois Compiled Statutes, Chapter 720 ILCS, Section 5, Article 26-1 (filing a false police report), and civil action by the accused employee for slander, defamation of character, or other applicable remedies under the laws of the United States and the State of Illinois. I also understand that in some cases, I may be asked to submit to a polygraph examination as part of the investigation.

SIGNATURE _____ DATE _____
Complainant

WITNESS _____ DATE _____
Receiving Official

WITNESSES TO INCIDENT

1. _____
(Name, Address, Telephone)
2. _____
(Name, Address, Telephone)

THIS REPORT WILL BE FILED WITH THE CHIEF'S OFFICE WITHIN ONE (1) BUSINESS DAY

INVESTIGATIVE ASSIGNMENT

CHIEF OF POLICE NOTIFIED BY _____
Name Date Time

FORWARD FOR INVESTIGATION TO _____
Name Date Return Date

ACCUSED OFFICER(S) NOTIFIED _____
Date Time By

COMPLAINANT NOTIFIED OF INVESTIGATION _____
Date Time By

INVESTIGATION FINDINGS _____

RECOMMENDATION _____

ACTION TAKEN _____

ACCUSED OFFICER(S) NOTIFIED _____
Date Time By

COMPLAINANT NOTIFIED _____
Date Time By

CHIEF OF POLICE NOTIFIED _____
Name Date Time