CONTROL NUMBER

Rantoul Police Department Citizen Complaint Form

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH
HOME ADDRESS (STREET, CITY, ILLINOIS, ZIP)		
HOME PHONE	WORK PHONE	CELL PHONE
INCIDENT CASE NUMBER (IF KNOWN)		INCIDENT DATE / TIME
INCIDENT LOCATION		
OFFICER NAME (S)	OFFICER BADGE NUMBER (S)	OTHER IDENTIFYING INFORMATION
WITNESS NAME (S)	ADDRESS	PHONE NUMBER

NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL (PLEASE ATTACH ANOTHER SHEET IF NECESSARY)

Rantoul Police Department Citizen Complaint Form (Continued)

HOW WOULD YOU LIKE TO SEE THIS COMPLAINT RESOLVED?

By signing this form I hereby swear or affirm that the allegations contained herein are true, to the best of my knowledge. I also acknowledge and understand that anyone making willfully or intentionally false allegations within the sworn complaint may be subject to prosecution. I also understand that a finding that the complaint is unfounded or not sustained does not necessarily constitute a false statement.

COMPLAINANT SIGNATURE	**DATE**
NOTARY SEAL & SIGNATURE (ALTHOUGH IT IS NOT REQUIRED THAT A RANTOUL POLICE DEPARTMENT NOTARY BE USED, A NOTARY PUBLIC IS AVAILABLE AT THE RANTOUL POLICE DEPARTMENT BETWEEN THE HOURS OF 8AM AND 4PM MONDAY THROUGH FRIDAY. NOTARY SIGNATURES REQUIRE IDENTIFICATION. PLEASE BRING IDENTIFICATION WITH YOU TO WHICHEVER NOTARY YOU CHOOSE TO USE.) **State of Illinois** **County of Champaign** **Subscribed and sworn to before me this ____ day of 20____.** **Seal and Signature of Notary _____**	

NOTICE: HARRASSMENT, RETALIATION, OR RETRIBUTION FOR FILING A COMPLAINT OR TESTIFYING ON BEHALF OF A COMPLAINANT WILL NOT BE TOLERATED. IF YOU BELIEVE THAT YOU ARE THE SUBJECT OF HARASSMENT, RETALIATION OR RETRIBUTION AS A RESULT OF THE COMPLAINT PROCESS, PLEASE CONTACT THE CHIEF OF POLICE FOR APPROPRIATE INVESTIGATION AND FOLLOW-UP.