**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 BAD | GE NUMBER (S) | OTHER IDENTIFYING INFORMATION |  |
|   |             |               |                               |  |
| WITNESS NAME (S)  | ADDRESS     |               | PHONE NUMBER                  |  |
|   |             |               |                               |  |
| NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL (PLEASE ATTACH ANOTHER SHEET IF NECESSARY) |             |               |                               |  |
|   |             |               |                               |  |
|   |             |               |                               |  |
|   |             |               |                               |  |
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|   |             |               |                               |  |
|   |             |               |                               |  |

## **Rantoul Police Department Citizen Complaint Form (Continued)**

| HOW WOULD YOU LIKE TO SEE THIS COMPLAINT RESOLVED?   |                              |
|--|------------------------------|
|  |                              |
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|  |                              |
|  |                              |
| By signing this form I hereby swear or affirm that the allegations contained herein a knowledge. I also acknowledge and understand that anyone making willfully or into within the sworn complaint may be subject to prosecution. I also understand that a unfounded or not sustained does not necessarily constitute a false statement.           | entionally false allegations |
| 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.