

Genoa Police Department

Professional Service – Public Safety – Community Pride

Complaint Form

I would like to file a complaint concerning (please check one);

- the behavior or action of an officer(s) or member(s);
- a policy of the department; or
- a general concern about service or the lack of service provided.

I believe this situation involves (please check one)

- A violation of Federal, State or Local Law;
- a violation of the professional standards of this agency (available upon request);
- a example of the need to improve service.

YOUR NAME:	YOUR ADDRESS:	CITY:
STATE & ZIP	PHONE	BEST TIME TO CALL:
NAME OF OFFICER(S) OR MEMBER(S)		DATE OF OCCURANCE

It is the policy of the Genoa Police Department to thoroughly investigate all complaints against members of the department. Illinois law requires that all complaints be supported by a sworn affidavit. As such, you will be required to sign this complaint under oath or affirmation. If the results of the investigation reveal that you knowingly provided false information regarding the complaint, you may be subject to prosecution as provided under Illinois law.

(Nature of Complaint) Please describe the substance of your complaint or concern. Please be as detailed as possible. Should more space be needed you may use the back of this form or additional paper.

The complainant, being first duly sworn on oath, deposes and says that he/she has read the foregoing complaint by him/her subscribed and that the same is true.

Complainant's Signature

I, being first sworn on oath, deposes and says that I have documented the facts alleged in this Complaint as they were related to me, to the best of my ability.

Officer's Signature

Signed and sworn to before me as a notary public of Dekalb County, Illinois this _____ day of _____, 20____

NOTARY