

SANGAMON COUNTY SHERIFF'S OFFICE

PROFESSIONAL STANDARDS CITIZEN COMPLAINT FORM

Prof. Standards Case Number:	Date Complaint Received:
------------------------------	--------------------------

COMPLAINT INFORMATION:

Name (Please Print)	Date of Birth	Social Security No.
Address (include City, State, and Zip)		Home Phone
Employer		Business Phone
Date & Time of Incident		Location Where Incident Occurred
Name of person(s) you are making this complaint about, if known.		
1. _____	2. _____	
3. _____	3. _____	
Have you reported this to anyone previously? If so, to whom and the date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Witness/Witnesses to the incident	Give Name, Address, Phone, and Business (if known)	
Print summary of occurrence of which you are complaining:		

PLEASE READ BEFORE SIGNING

The facts presented here in are true and factual to the best of my knowledge. I understand it is unlawful to make a false police report. In the event the report is proven to be false, the information may be provided to the States Attorney for possible prosecution.

Signature:

Date:

Person Receiving Complaint:	PIN:
-----------------------------	------

