**Forest Park Police Department**

517 Desplaines Ave. Forest Park, IL 60130 (708) 366-2425

*Ken Gross – Chief of Police*

**PERSONNEL COMPLAINT FORM**

The Police Department adheres to the policy of investigating all allegations against members of the Department.

The goal of the Police Department is to insure that objectivity, fairness, and justice are assured by intensive, impartial investigation and review.

If you have a complaint against a member of the Police Department, ask to speak to a supervisor. The supervisor will discuss the circumstances with you and may ask you to prepare a written statement concerning the incident. Interviews will be conducted to accumulate all necessary information and facts concerning the complaint.

Unless the complaint and allegation is of such magnitude that it requires additional time, all complaints will be resolved within 30 days of the receipt of the initial complaint.

During the course of an investigation, the Deputy Chief, or his/her designee shall notify you concerning the status of the complaint and will notify you of the findings of the investigation conducted by the Police Department.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number/Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of the Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for the complaint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(use backside of form if additional space is needed)

To the best of my knowledge and belief, the statements I have made are true and correct. I understand that if no basis for this complaint is found in fact, and no evidence can be obtained, or produced to sustain this complaint, I may be subject to civil prosecution by the accused employee for slander, defamation of character, or other applicable remedies under the laws of the United States or State of Illinois. Upon verification of said complaint, I understand that proper disciplinary action will be disseminated to said responsible employee.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-----------------------------------------------\*\*\*Office Use\*\*\*----------------------------------------------

Supervisor receiving complaint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_