



**BETHALTO POLICE DEPARTMENT
CITIZEN COMPLAINT**

PURPOSE: The purpose of this form is to provide a means that a citizen may voice their concerns about a specific incident, Police Department employee or procedure. It is the desire of this Department to provide the highest quality of service. To accomplish this mission, ALL complaints will be investigated to ensure the integrity of this department and all its employees. The Bethalto Police Department shall review the complaint to ensure that the laws of this State, policy, procedures, rules, and regulations of the Bethalto Police Department have been followed.

WARNING: Reference to the Illinois Criminal Codes 720 ILCS 5.0/26-1(a)(4), it is a Class 4 Felony to report to any Law Enforcement Officer, falsely that an offense has taken place.

Date of incident: _____

Complainant's Name: _____

Address: _____

Phone: _____ Date of Incident: _____ Time: _____

Location of incident: _____

Name of Officer(s) Involved if known:

1. _____

2. _____

Have you reported this incident to anyone? _____ If so, who? _____

Witnesses - Name, Address, and phone

1. _____

2. _____

What is your complaint?

If additional space is necessary to document the complaint, please use the rear of these forms to do so.

Please read before signing. I understand that it is a violation of the Illinois State Statutes to willfully make a false report. In the event this report is proven to be false, the information will be provided to the Madison county State's attorney for review and possible prosecution.

Signature of Complainant

Date

This fully completed **original form**, once signed, is to be sealed in an envelope and delivered immediately to the Bethalto Chief of Police, 213 N. Prairie Street, Bethalto, IL 62010.

Date Received by Chief of Police

Chief of Police