

APPENDIX 1.
VILLAGE OF STANFORD
CITIZEN COMPLAINT FORM

Complaint Number: _____

Complainant's

Name: _____ **Date of Birth:** _____

Complaint Taken: 1. In Person _____ 2. By Phone _____ 3. Via Letter _____

Complainant's Address:

Street City State Zip Code Phone

Place of Employment Address Phone

Witness Information:

Name Address City/State/Zip Phone

Employees / Officers Involved:

Name _____ Name _____

Location and Time Of Incident

Location of Incident Date Time

Description Of Incident: Be as specific as possible (Use additional paper if needed)

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The policy of the Village of Stanford is to investigate all complaints. If a false complaint or a complaint where the complainant knows that there are no reasonable grounds for such complaint are made, this can subject the complainant to criminal or civil penalty.

Complainant's Signature

Date

STATE OF ILLINOIS) ss

COUNTY OF MCLEAN)

I, _____, being first duly sworn on oath, state that I have read the foregoing Complaint and that the statements contained therein are true.

(Signature of Complainant)

Subscribed and sworn to before me this ___ day of _____, 200__.

Notary Public

Employee Receiving the Complaint

Date

Complaint able to be resolved at time submitted: Yes _____ No _____

Complaint requires additional follow up investigation: Yes _____ No _____

Chief's Office Use:

Reviewed By: _____ Date _____

Recommendation: _____

Investigation assigned to: _____

Date Investigation Completed: _____

Investigation Results: Unfounded _____ Exonerated _____ Not Sustained _____
Sustained _____ Policy Failure _____

Investigator's Recommendation: _____

Investigative Results Sent to Complainant _____, Officer(s) _____
Date Date