

Brookfield Police Department
8820 Brookfield Avenue
Brookfield, Illinois 60513

CITIZEN COMPLIMENT / COMPLAINT FORM

COMPLIMENT

COMPLAINT

CITIZEN'S NAME: _____ DAY TEL. #: (____) _____
(PRINT)

ADDRESS: _____
STREET CITY STATE ZIP CODE

WITNESS NAME: _____ DAY TEL. #: (____) _____
(LIST ADDL IN NARR.) (PRINT)

ADDRESS: _____
STREET CITY STATE ZIP CODE

OFFICER(S) INVOLVED:

NATURE OF INCIDENT:

1. _____
2. _____
3. _____
4. _____

INCIDENT OCCURED:

DATE: ____/____/____ TIME: _____

LOCATION: _____

PLEASE READ BEFORE SIGNING:

I understand that it is a violation of 720 Illinois Compiled Statutes, Article 26, Section 5/26-1 (a) (4) for any person to "Transmit in any manner to any peace officer, public officer or public employee a report to the effect that an offense has been committed, knowing at the time of such transmission that there is no reasonable ground for believing that such an offense has been committed". In the event the report is proven to be false, the information may be submitted to the State's Attorney for possible prosecution.

_____ (Initials)

Narrative: (Please be as brief as possible, narrative may be continued on reverse side)

Person Receiving Compliment/Complaint:

Star #

Date:

Time:

I. A.# _____
(Official Use)

