



LOVES PARK POLICE

540 Loves Park Drive, Loves Park, IL 61111
Phone 815/654-5015 Fax 815/633-0555

LOVES PARK POLICE DEPARTMENT CITIZEN COMPLAINT FORM

Date received: _____

Complainant's name: _____ Age: _____

Complainant's address: _____ Telephone #: _____

(Street)

(City, State, Zip Code)

(Place of Business, Phone Number, Work Hours)

Address of occurrence: _____ Date/Time: _____

(Name of Business/Location if Applicable)

(Street)

(City, State, Zip Code)

Witness information: _____

(Name, Address, Phone Number, Place of Business, Work Phone#, Work Hours)

- **Complaints found to be false and deliberately made for the purpose of harassment to the officer or the department, or to avoid prosecution of criminal charges, may be prosecuted for filing a false police report, 720 ILCS 5/26-1(a)(4).**
-

County of Winnebago)
)
State of Illinois)

**Affidavit in Support of the Uniform Peace Officer Disciplinary Act
50 ILCS 725/3.8(b)**

After first being duly sworn on oath I, _____ do depose
and state the following:

That I am filing an Internal Discipline Complaint Form with the City of Loves Park Police Department regarding an incident that alleges that a member(s) of the City of Loves Park Police Department has violated an ordinance of the City of Loves Park, law of the State of Illinois, or law of the United States of America including any Loves Park Police Department Policy, Orders, Rules and/or Regulations.

That I, _____ affirm under oath that the attached Internal Discipline Complaint Form is true and factual, under the penalty of filing a false police report or perjury.

SUBSCRIBED AND SWORN TO before me _____ day of _____,

Affiant

Notary Seal:

Notary

Date Received _____
Received By _____
Case Number _____