



CHIEF OF POLICE
RYAN COFFEY

PH: (618) 826-5454
FAX: (618) 826-5283

CHESTER POLICE DEPARTMENT
1330 SWANWICK STREET
CHESTER, ILLINOIS 62233

"CITIZEN COMPLAINT FORM"

Complainant's Name: _____

Address: _____

Telephone: Home _____ Cell _____

Date of Birth: ____ / ____ / ____

Witness Names: _____ Address: _____ Telephone: _____

Officer(s) Name: _____ Badge Number: _____

Nature of Complaint (describe what occurred / use back of form if necessary):

(over)

Location of Incident: _____

Date and Time of Incident: _____

Police Report Number (if known): _____

The Chester Police recognizes the need for the filing of legitimate complaints against officers as a means by which they can be held accountable to the public; however, the Department will also seek to hold members of the public responsible for the filing of false allegations against police officers. In keeping with State Law (50 ILCS 725/3.8) "anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit".

Complainant's Signature: _____ Date: _____ Time: _____

Parent/Guardian if Juvenile: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____

Receiving Officer: _____ Date: _____ Time: _____

(narrative continued)

Complainant's Signature _____

_____ Date