



# ROCK ISLAND COUNTY SHERIFF'S OFFICE

Darren Hart - Sheriff

## COMPLAINT AGAINST DEPARTMENT MEMBER

Date of this Report: \_\_\_\_\_

Name of Complainant (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Date and Time of Incident: \_\_\_\_\_

Address Where Incident Occurred: \_\_\_\_\_  
Street City State Zip Code

### Name of Person(s) You are Complaining About if Known

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Have you Reported This to Anyone Previously? YES or NO

If So, Whom: \_\_\_\_\_ Date: \_\_\_\_\_

### Person Who Actually Saw Event (Including Self)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Continue to Other Side)

Serving and Protecting the Citizens of Rock Island County Since 1833

1317 3rd Avenue, Rock Island, Illinois 61201 Office: (309) 794-1230 Fax: (309) 794-9979

[illegible]

**Please Read Before Signing**

- Signature of Complainant

Person Receiving Complaint:	ID No.
Place Taken:	Date & Time:
O.P.S. Supervisor:	O.P.S. Case #:
Date Received:	Case Assigned To:
Date Case Assigned:	