



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

Print Summary of Occurrence of Which You Are Complaining:

Complainant's Initials

Please Read Before Signing

- I understand, and it is my desire, that this complaint be investigated diligently. I declare allegations contained in this complaint are true.
- The complainant in this matter is either unknown, unable, or is unwilling to complete the "Complaint Against Department Member" form. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.

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:	