



**NORMAL POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**
A Nationally Accredited Agency



Complainant's Name: _____ Date of Birth: _____	Complaint Taken: 1. In Person 2. By Phone 3. Via Letter	File Number: _____
Complainant's Address: _____ Cell/Home Phone _____ Street/Apartment # _____ City _____ State _____ Zip Code _____		
Witness Names: _____ _____ _____	Complete Address: _____ _____ _____	Phone(s): _____ _____ _____
Officer's Name: _____ _____ _____	Badge #: _____ _____ _____	Squad Description: _____ _____ _____
Nature of Complaint: _____ _____ _____		
Location of Incident: _____ Date: _____ Time: _____		
The Normal Police Department 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 the event your complaint gives rise to formal disciplinary action against one of our officers you will be required to sign a sworn affidavit specifically alleging the officer's misconduct.		
Complainant's Signature: _____ Date: _____ Time: _____ Parent/Guardian Signature: _____ Date: _____ Time: _____ *If under the age of 18, form must be signed by parent or guardian ACCEPTING SUPERVISOR'S Signature: _____ Date: _____ Time: _____		
<input type="checkbox"/> Disposition → Investigated by Receiving Supervisor and Initial Disposition is as follows _____ Date: _____ <input type="checkbox"/> Forwarded to IA Supervisor for Investigation. Date: _____ Complaint Assigned to _____ for Investigation. Date: _____ <p align="center">Check one of the boxes above before forwarding.</p> Forwarding Supervisor's Name: _____ ID # _____		