



**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		
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 First Line Supervisor and the 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 # _____		