

WHITESIDE COUNTY SHERIFF'S OFFICE



400 North Cherry Street

Morrison, IL 61270

Phone: 815-772-4044



CITIZEN COMPLAINT/STATEMENT FORM

HOME PHONE: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ EMAIL: (Optional) _____

LOCATION OF INCIDENT: _____

DATE/TIME OF DAY: _____

ACCUSED OFFICER(S): _____

In an effort to conduct a thorough and impartial investigation, the Whiteside County Sheriff's Office requires the complainant to provide a detailed statement answering all of the following questions.

1. Please briefly summarize your complaint. (For example, the officer was discourteous while speaking to me.)

2. Can you identify or describe the officer(s) involved? If so, please explain.

3. Were there any witnesses? Please list their names, telephone numbers, and addresses.

4. Please describe the details of the incident. What happened?

Please return completed forms to the Chief Deputy or Lieutenant at the Whiteside County Sheriff's Office. Listed are additional options: 1. Sealed envelope addressed to the Chief Deputy or Lieutenant and left with court security at either Courthouse. 2. Sealed envelope addressed to the Chief Deputy or Lieutenant and left with Dispatch at either dispatch center.



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CONTINUATION REPORT

I have read the foregoing statement and have had the opportunity to make corrections thereon. I hereby certify to the best of my knowledge and under penalty of perjury the statement made herein is true.

Signature of Complainant (Optional)

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