Pecatonica Police Department
405 Main Street
P.O. Box 82
Pecatonica, Illinois 61063
Phone: (815) 239-1600 Fax: (815)239-1601

PECATONICA POLICE DEPARTMENT CITIZEN COMPLAINT FORM

*Complainant's Name*_____

*Address*_____

Telephone Home _____ *Cell* _____

Date of Birth _____/_____/_____

Witness Names: *Address:* *Telephone*

_____

_____

Officer(s) Name *Badge Number*

_____ _____

_____ _____

Nature of Complaint (describe what occurred/ use back of form if necessary)

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Location of Incident : _____
Date and time of Incident: _____
Police report Number (if known): _____

The Pecatonica Police Department recognizes the need for 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 filing of false allegations against police officers. In keeping with State law (50 ILCS725/3.8) " anyone filing a complaint against a peace officer must have the complaint supported by a sworn affidavit.

Complainant's Signature: _____Date_____ Time_____

Parent/Guardian if Juvenile: _____Date_____Time _____

Witness Signature : _____Date _____Time _____

Receiving Officer _____Date_____Time _____

Complainant's Signature _____ Date _____