



## Morton Police Department Complaint Against Department Member

		Date of this Report
Name of Complainant (If Known)	Date of Birth	Phone
Address		Email
Date and Time of Incident	Address Where Incident Occurred	

Name of Person(s) You are Complaining About, If Known.

1	2
3	4

Have You Reported This to Anyone Previously?

If So, Whom:

Date

<input type="checkbox"/> Yes	<input type="checkbox"/> No		
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### Witness (Including Self If Applicable)

Name	Address	Phone No.

Summary of Complaint:

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**Continuation of Summary:**

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**Complainant's Name**

**Complainant's Signature**

<b>Evidence :</b>	<b>Collected By Whom:</b>	<b>Location:</b>	<b>Date:</b>	<b>Time:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**Submit Form:**

<b>Online (email)</b>	<b>sbrock@morton-il.gov (Deputy Chief Brock)</b>
<b>In Person or By Mail</b>	<b>375 W Birchwood, Morton, IL 61550</b>

**Type of Complaint:**

<input type="checkbox"/> Internal
<input type="checkbox"/> Written
<input type="checkbox"/> Oral
<input type="checkbox"/> In Person <input type="checkbox"/> By phone
<input type="checkbox"/> Electronic (Other than written on form)

<b>Person Receiving Complaint:</b>	<b>ID No.</b>	<b>Place Taken:</b>	<b>Date</b>	<b>Time</b>

<b>RECEIPT ACKNOWLEDGED</b>	
<b>Signature</b>	<b>Date</b>
<b>Sergeant</b>	
<b>Deputy Chief</b>	
<b>Chief</b>	