



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 | | |
|------------------------------|-----------------------------|--|--|

Witness (Including Self If Applicable)

| Name | Address | Phone No. |
|------|---------|-----------|
| | | |
| | | |
| | | |
| | | |

Summary of Complaint:

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| |
|--|

Continuation of Summary:

| |
|--|
| |
|--|

Complainant's Name

Complainant's Signature

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

Submit Form:

| | |
|-----------------------------|---|
| Online (email) | smdarche@morton-il.gov (Deputy Chief Darche) |
| In Person or By Mail | 375 W Birchwood, Morton, IL 61550 |

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) |

| | | | | |
|------------------------------------|---------------|---------------------|-------------|-------------|
| Person Receiving Complaint: | ID No. | Place Taken: | Date | Time |
| | | | | |

| | |
|-----------------------------|-------------|
| RECEIPT ACKNOWLEDGED | |
| Signature | Date |
| Sergeant | |
| Deputy Chief | |
| Chief | |