



Prospect Heights Police Department

14 E Camp McDonald Rd

Prospect Heights, IL 60070

847-398-5511

Personnel Complaint Form

Name: _____

Address: _____

Telephone: (Cell) _____

(Work) _____

(Home) _____

Incident Location: _____

Type of Incident: _____

Incident Date: _____

Incident Time: _____

Name of City Employee(s): 1. _____

Badge Number: _____

2. _____

3. _____

I, _____ (insert name of Affiant/Complainant) Under penalties as provided by law pursuant to 735 ILCS 5/1-109. I certify, swear and affirm that the information set forth in the statement(s) above and/or attached summary are true and correct, except as to any matters therein stated to be on information and belief as to such matters, I further understand that I am filing an Official Police Report and that knowingly providing false or untrue information can constitute an offense that can result in arrest, pursuant to 720 ILCS 5/26-1(4). I certify as aforesaid that I certify the same to be true.

_____ Signature (Affiant/Complainant) Date SWORN and SUBSCRIBED to before me this _____ day of _____.

******For Office Use Only******

Received by:	In Person	Email	US Mail	Fax
Date and Time Complaint Received:				
_____	_____			
Date	Time			
Received by:				
_____	_____			
City Employee Printed Name	City Employee Signature			