

CICERO POLICE DEPARTMENT

INTERNAL AFFAIRS DIVISION
4901 West Cermak Road
Cicero, Illinois 60804

CONFIDENTIAL REPORT

Complaint Against Department Member Form

		IAD #	Date of this Report
Name of Complainant (Please Print)		Date of Birth	Social Security Number
Address		Home Phone	
Employer		Business Phone	
Date/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	
[] Yes [] No			

Persons Who Actually Saw Event [Including Self]

NAME	ADDRESS	PHONE NUMBER
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

CHECK THE APPROPRAITE BOX :

_____ "To the best of my knowledge and belief, the statements I have made (above, below, or on the reverse side of this document) are true and correct." OR

_____ "To the best of my knowledge and belief, the statements I have written (above, below, or on the reverse side of this document) are true and correct as verbally related to me."

Please Read Before Signing I understand that it is a violation of 720 ILCS 5/26-1(a)(4) to willfully make a false report. In the event the report is proven false, the information may be provided to the State's Attorney for possible prosecution.		Signature of Complainant	
Person Receiving Complaint	ID #	Taken Place	Date
			Time [] AM [] PM
Internal Affairs Division Use Only: Assigned To:		Date:	Due:

