



FAIRVIEW HEIGHTS POLICE

10027 BUNKUM ROAD ■ FAIRVIEW HEIGHTS, IL ■ 62208 ■ PHONE: (618) 489-2100 ■ FAX: (618) 489-2109
ONLINE AT: www.fairviewpd.org ■ www.facebook.com/fairviewpd

CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant's Name: _____ Date: _____ Time: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth: _____

Gender: Male Female

WITNESS INFORMATION

Witness #1 Name: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth: _____

Gender: Male Female

Witness #2 Name: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth: _____

Gender: Male Female

OFFICER INFORMATION

Officer #1 Name: _____ Badge # _____ Squad Car # _____

SWORN AFFIDAVIT
!!!!WARNING!!!!

NOW COMES _____, after being duly sworn, and on his oath states as follows:

1. That the forgoing complaint filed this _____ day of _____, 2016, with the Fairview Heights Police Department is a true and accurate statement of the events referenced therein;
2. That the undersigned complainant understands that this Affidavit is required by Illinois law, 50 ILCS 725/3.8, and that the filing of a false complaint against a sworn peace officer may subject the complainant to prosecution under the laws of this state and as per statute the cases of filing false complaints must be referred to the States Attorney’s office for review; and
3. That, to the knowledge and understanding of the undersigned, the information contained in the forgoing complaint is correct.

Further affiant sayeth not.

Complainant

Subscribed and sworn to before me this _____ day of _____, 2017.

Notary Public