



Macomb Police Department
 120 S. McArthur St. Macomb, IL 61455
 Ph.: (309) 833-4505
 Fx. (309) 836-2765
 citizenconcerns@macombpolice.com
 www.cityofmacomb.com

COMPLAINT FORM

Complainant Information

Name (Last, First, Middle)	Address
Phone	City, State, Zip
If a student, provide permanent home address	City, State, Zip

Description of Complaint (You may attach additional pages if necessary.)

Name of Officer Associated with Complaint	
If name of Officer(s) is unknown, provide a description including sex, race, hair color, eye color, badge number and approximate height, weight and age to assist in identification.	
Where did the incident occur?	
When did the incident occur (date and time)?	
Details of Incident:	
Did anyone witness the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the name(s), address(es) and telephone number(s) of each witness(es):	
Name (Last, First, Middle)	Address
Phone	City, State, Zip
What do you believe the witness saw or heard?	

STATE OF ILLINOIS)
 COUNTY OF McDONOUGH)

AFFIDAVIT

I, _____, being first duly sworn upon my oath, do hereby testify as follows:

- I am over the age of 18 years.
- I filed the attached complaint against a police officer with the Macomb Police Department on _____, 20____.
- I certify that everything stated in that complaint is true and accurate to the best of my knowledge.

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public