Macomb Police Department
Complainants Statement of Police Misconduct

It is the policy of the Macomb Police Department to thoroughly investigate all complaints of alleged misconduct made against any member or representative of the Macomb Police Department.

We will conduct an investigation into alleged acts of misconduct on the part of any employee or representative of this department. The investigation will be thorough, accurate and objective. Such investigation shall include formal statements from all parties concerned, the gathering and preservation of any physical evidence relative to the case, and all other written information bearing on the matter. When the investigation has been completed, a written report will be submitted to the Chief of Police with written recommendations.

You will be notified of the results of the investigation and our official position regarding your complaint as soon as we have finished the entire investigation and we have had a chance to carefully study the facts brought out by our investigation.

Complainant, please complete the following:

My name is (Mr,Miss,Ms,Mrs) _____
(first) (middle) (last)

Current Address_____

Telephone number_____ Date of Birth_____

Officer that Complaint is Against: _____
(badge) (officer) (car number)

Names, Addresses, and telephone numbers of any witnesses:

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I want to complain because on (date)_____

At (location)_____

At about (time)_____a.m./p.m. he/she/they_____

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Uniform Peace Officer's Disciplinary Act (50 ILCS 725/3.8 (b) states: Anyone filing a complaint against a sworn peace officer must have the complaint supported by sworn affidavit. Effective January 1, 2004. The written statement requires your signature in order to comply with the statute.

Attach as many additional sheets of paper as necessary

I understand, and it is my desire, that the complaint will be investigated diligently and I declare that the allegations contained in this complaint are true. I also understand that if the investigation discloses the complaint to be false or malicious, I may be subject to both criminal and civil prosecution, according to the law.

Today's Date_____ **_____**

Signature: Be sure to READ above statement BEFORE signing

_____

Signature of parent/guardian (if under 18 years of age)

Please return complaint form to:

Macomb Police Department
120 S McArthur St
Macomb, Illinois 61455 or
Fax to 309-836-2765 or
Email: jhamer@macombpolice.com or
tduvall@macombpolice.com

Receipt Acknowledged

Supervisor	
Commander	
Chief	
City Administrator	
Mayor	