



ROCKTON POLICE DEPARTMENT
110 E. Main Street
Rockton, Il 61072
(815)624-8881
www.rocktonpolice.org

Chief Matthew Hollinger

IA NUMBER _____

Case Number _____

COMPLAINT FORM -cp101

Complainant: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip Code: _____

Complaint/Allegation made against: _____
(Employee's Name)

Summary of the Complaint/Allegations: _____

Location of occurrence: _____

Date of occurrence: _____ Time of occurrence: _____

Witness: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip Code: _____

Notice: Pursuant to Section 720 ILCS 5/26-1(a), Illinois Compiled Statutes, you are notified that persons making complaints found to be false and deliberately made for the purpose of harassment to the officer or department, or to avoid prosecution of criminal charges, may be prosecuted for Filing a False Police Report.

Complainants's Signature: _____ Witness's Signature: _____

Received by: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

"The above statements are true to the best of my knowledge. By signing I understand I will be prosecuted if my complaint is false or malicious"

RETURN FORM WITHIN 10 DAYS

This form shall be provided to anyone with a complaint against an officer, and logged on form cp102"complaint log of misconduct".

