South Beloit Police Department
Compliments and Complaint Form

CITIZEN’S NAME: ____________________________________________________________ PHONE: (____) _____________

ADDRESS: ________________________________________________________________________________________________
STREET                                                            CITY                                         STATE                  ZIP CODE

WITNESS NAME: ____________________________________________________________ PHONE: (____) ____________

ADDRESS: ________________________________________________________________________________________________
STREET                                                            CITY                                         STATE                  ZIP CODE

OFFICER(S) INVOLVED: ____________________________________________________________

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________ DATE: ___/___/____   TIME:_________

4. __________________________________________________________ LOCATION: ____________________________

Narrative:
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PLEASE READ BEFORE SIGNING:

I understand that it is a violation of 720 Illinois Compiled Statutes, Article 26, Section 5/26-1 (a) (4) for any person to “Transmit in any manner to any peace officer, public officer or public employee a report to the effect that an offense has been committed, knowing at the time of such transmission that there is no reasonable ground for believing that such an offense has been committed”. In the event the report is proven to be false, the information may be submitted to the State’s Attorney for possible prosecution.

Signature of Citizen Submitting Compliment/Complaint  Date

Signature of South Beloit Employee Receiving Compliment/Complaint  Date

The following notary public signature is only required on complaints against sworn police officers.

Subscribed and sworn to before me this ______________________ day of ________________, 20________.

Notary Public: _______________________________________

*This form may be turned in to any South Beloit Police Officer or Supervisor for processing. If the incident is of a sensitive nature, it may be turned in directly to the Chief of Police.