



Channahon Police Department
Personnel Complaint Form

Date/Time of Complaint: _____

Complainant's Name: _____

Address: _____

DOB: _____ **Sex:** _____ **SSN:** _____

Phone: _____ **Email:** _____

Employer: _____

Date and Time of Incident: _____

Location Where Incident Occurred: _____

Name of Person(s) You Are Complaining About , If Known;

1. _____ 2. _____

3. _____ 4. _____

Have You Reported This To Anyone Previously? () Yes () No

If So, Whom: _____ **Date:** _____

Person Who Actually Saw Event (Including Self):

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____



Channahon Police Department

Personnel Complaint Form

Complainant Name: _____ Date: _____

Nature of Complaint:



Channahon Police Department
Personnel Complaint Form

Nature of Complaint (continued):

Supervisor receiving complaint

Supervisor signature