O'Fallon Police Department
Citizen Complaint Form

285 N. Seven Hills Rd.
O'Fallon, IL 62269

Complainant's Name: _____

Address: _____

Home Telephone: ( ) -

Cell Telephone: ( ) -

Date of Birth: / /

Witness Names:	Address:	Telephone:
		( ) -
		( ) -
		( ) -
		( ) -

Officer(s) Name:	Badge Number:

Location of Incident: _____

Date of Incident: / /

Time of Incident: : AM/ PM (circle one)

Police Report Number: _____

(If Known)

To best of my knowledge and belief, the statements I have made on this document are true and correct.

Complainant's Signature: _____ Date: ___/___/___ Time_____am/pm

Parent/Guardian if Juvenile: _____ Date: ___/___/___ Time_____am/pm

Witness Signature: _____ Date: ___/___/___ Time_____am/pm

Receiving Officer: _____ Date: ___/___/___ Time_____am/pm

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Nature of Complaint (describe what occurred):

To best of my knowledge and belief, the statements I have made on this document are true and correct.

Complainant's Signature: _____ Date: ___/___/___ Time_____am/pm

Receiving Officer: _____ Date: ___/___/___ Time_____am/pm