



**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.):		AGE:	DATE OF BIRTH:	HOME #:
	HOME ADDRESS:		CITY:		WORK/OTHER #:
	STATE:	ZIP CODE:	STATE I.D./D.L. #:		STATE OF ISSUANCE:
I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.					
Complainant Information	DATE OF INCIDENT:			TIME OF INCIDENT:	
	LOCATION OF INCIDENT:				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP		HOME PHONE #	
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<input type="checkbox"/> CONTINUED ON REVERSE				

FOR OFFICE USE ONLY
 DATE COMPLAINT RECEIVED: _____ RECEIVED BY: _____
 IAD/IG #: _____

[Empty box for complaint narrative]

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of ___ pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. _____ (Print Name)

Complainant's Signature: _____ Date: _____

State of Illinois)
County of Cook)

Signed and sworn to before me on _____ (date) by _____ (name of person making statement)

(notary seal)

(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review
3026 S. California
Chicago, IL. 60608