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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.

COMPLAINANT'S SIGNATURE:	PRINT NAME:	DATE:
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Please email/mail a completed and signed complaint form to: Email: CCSO.OPR@CCSHERIFF.ORG Mail: Office Of Professional Review 3026 South California Ave Chicago IL, 60608

(FCN-31)(APR 21)