

(To be filled out in quadruplicate: 1 copy for Complainant; 1 copy for the Village Clerk;
1 copy for the subject Police Officer; 1 copy for the Police Department)

DWIGHT POLICE DEPARTMENT COMPLAINT

Date: _____

1. Name, address and telephone number of complainant: (OPTIONAL)

2. Name of Dwight police officer against whom complaint is being made:

3. Date of incident or occurrence: _____

4. Time of incident or occurrence: _____

5. Location of incident or occurrence: _____

6. Describe the incident or occurrence or nature of complaint (Briefly describe what happened - if additional space needed, attach page):

7. Names, addresses and telephone numbers of any witnesses:

I, the undersigned, being first duly sworn, depose and state that the statements contained in this Complaint are true.

Signature of Complainant (OPTIONAL)