

**AURORA POLICE DEPARTMENT  
OFFICE OF PROFESSIONAL STANDARDS – DETAILS OF COMPLAINT**

Please take a moment to complete the following information, which will be needed in reviewing the facts surrounding your complaint. Please include as much detail as possible. PLEASE PRINT EXCEPT FOR SIGNATURE.

Name (First, Middle, Last):		Birthdate:	
Street Address:			Apt/Unit:
City:	State:	Zip Code:	
Phone Number:		Alternate Phone Number:	

My complaint is about (if known):

Officer(s)/Employee(s):
Badge Number(s):
Car Number(s):

I wish to make a formal complaint regarding the conduct or actions of the above officer(s)/employee(s) as a result of an incident which occurred:

Date:	Time:	Location:
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Please explain in detail what happened and what the officer(s)/employee(s) did that you are filing this complaint about. Please use the back of this form or additional sheets of paper if necessary.

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You have the right to make a complaint against any employee for improper conduct. The Aurora Police Department will conduct a thorough investigation and you will be notified of the outcome of the investigation. If allegations against the officer(s)/employee(s) are sustained, the Aurora Police Department cannot release to you any type of disciplinary action taken. The investigation may also conclude that the officer(s)/employees(s) acted properly or that there is not enough information to prove or disprove the allegations.

I understand that this statement of complaint will be submitted to the Aurora Police Department, Office of Professional Standards, and will serve as a basis for an internal investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding if necessary. I also understand that any intentional false statements herein attested to by me, may be cause for criminal and/or civil proceedings against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Return this form to: Office of Professional Standards, Aurora Police Department, 1200 East Indian Trail, Aurora, IL, 60505