

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: _____ BIRTH DATE: _____
(first, middle, last)

ADDRESS: _____ HOME PHONE: (____) _____
(number, street, apartment, city, state, zip code) WORK PHONE: (____) _____

MY COMPLAINT IS ABOUT: (if known)

OFFICER/EMPLOYEE(S): _____

BADGE NUMBER(S): _____

CAR NUMBER(S): _____

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

DATE: _____ TIME: _____ LOCATION: _____

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

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 / employee(s) are sustained, the Aurora Police Department can not release to you any type of disciplinary action taken. The investigation may also conclude that the officer / employees (s) acted properly or that there is not enough information to prove or disprove the allegations.

By Illinois State Law, this form must be notarized prior to acceptance by the Aurora Police Department. The person signing this form may come to the Aurora Police Department and have it notarized.

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.

Date: _____ Attested To: _____

Parent or Guardian if under 18 years of age: _____

Subscribed and sworn before me this _____ day of _____ 201_____

Notary _____

Please return this form to: Office of Professional Standards (630)256-5003
Aurora Police Department
1200 E. Indian Trail Road
Aurora, Illinois 60505