

VILLAGE OF DIVERNON

POLICE DEPARTMENT

COMPLAINT FORM

Nature of Complaint: _____

Date Occurred: _____ Time Occurred: _____

Name of Complainant: _____

Street Address: _____ Phone: _____

City/State/Zip: _____

Explanation of Complaint: _____

Witness(es) to Complaint: _____

Signature of Complainant: _____ Date: _____

Complaint Received By: _____ Date: _____

[Office Use Only:]

Unfounded _____ Founded _____ Exonerated _____ Not Sustained _____ Sustained _____

Action Taken: None _____ Oral Reprimand _____ Written Reprimand _____

Suspension _____ Dismissal _____ Resident Notified _____

Chief of Police Signature: _____ Date: _____

Police Commissioner Signature: _____ Date: _____

Cc: Committee File

