

Morton Grove Police Department

Personnel Complaint Form

Personnel complaints consist of any allegation of misconduct or improper job performance against any department employee that, if true, would constitute a violation of department policy, federal, state or local law.

Instructions:

Print out the attached form below.

Complete and return via mail or in person to:

Village of Morton Grove Police Department

Attn: Chief of Police

6101 Capulina Ave

Morton Grove, IL 60053



MORTON GROVE POLICE DEPARTMENT COMPLAINT REPORT

CONTROL NUMBER	INCIDENT NUMBER	DATE OF REPORT
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LAST NAME	FIRST NAME	MI	DATE OF BIRTH	HOME PHONE
ADDRESS			BUSINESS PHONE	CELL PHONE
DATE AND TIME INCIDENT OCCURRED		LOCATION WHERE INCIDENT OCCURRED		
NAME OF EMPLOYEE/S YOU ARE COMPLAINING ABOUT				

WITNESS TO INCIDENT

NAME	ADDRESS	HOME PHONE	BUSINESS PHONE

SUMMARY OF OCCURRENCE – (PLEASE PRINT)

I understand by signing this document that the statement is true and accurate. I also understand that if I have not provided factual information that I will be prosecuted to the full extent the law allows.

SIGNATURE OF COMPLAINANT	DATE	TIME
SUPERVISOR TAKING REPORT	LOCATION TAKEN	DATE & TIME

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