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

THE TOTAL PROPERTY OF THE PROP	İ	CONTROL NUMBER	INCIDENT	NUMBER	DATE OF	FREPORT
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LAST NAME	FIRST NAME		MI	DATE OF BIRTH	HOME PH	IONE
HOME ADDRESS			BUSINESS F		CELL PHO	
					OLLE I TIC	
DATE AND TIME INCIDENT OCCURRED		LOCATION WHERE INCIDENT OCC	URRED			
NAME OF EMPLOYEE(S) YOU ARE COMPLAININ	G ABOUT					
		WITNESSES TO INCIDE	ENT			
NAME		ADDRESS		HOME PHON	IE	BUSINESS PHONE
		SUMMARY OF OCCURRENCE (PL	EASE PRINT)	l		
SIGNATURE OF COMPLAINANT				DATE		TIME
SUPERVISOR TAKING REPORT	LC	OCATION TAKEN		DATE & TIME	ME	

MORTON GROVE POLICE DEPARTMENT COMPLAINT REPORT

			CONTINUATION PAGE #	
SIGNATURE OF COMPLAINANT		DATE	TIME	
SIGNATURE OF COMIT ENIMAINT		DAIL	THVIL	
SUPERVISOR TAKING REPORT LOCATION TAKEN		DATE & TIN	ИЕ	