



**POLICE EMPLOYEE COMPLAINT FORM
CIVILIAN AND SWORN**

IS THERE SUPPORTING DOCUMENTATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, IS IT VIDEO OR DOCUMENTS	<input type="checkbox"/> VIDEO	<input type="checkbox"/> DOCUMENTS
IF VIDEO-CAN YOU PROVIDE A COPY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF DOCUMENTS-CAN YOU PROVIDE A COPY	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMPLAINT SUBMISSION:

By submitting this complaint form I am authorizing the Rolling Meadows Police Department to investigate this matter. By signing and dating below I am authorizing this complaint to be submitted and investigated and understand that if I provided false information I can be subjected to civil and criminal prosecution.

PRINTED NAME:

SIGNED NAME:

DATE:

It is the policy of the Rolling Meadows Police Department to receive and investigate all complaints even anonymous ones related to internal discipline in a manner that will assure the community of prompt corrective action when department members conduct themselves improperly and to protect the police department and its members from unwarranted criticism pursuant to the discharge of official duties. A supervisor will contact you about this matter within 48 hours at the contact preference that you chose.