



Park Forest Police Department Citizen Complaint Form

Date:	Name:	Date / Time of Incident:	
Address:		Phone:	
Witness Name(s)	Witness Address		Witness Phone

Statement: _____

**If you need more room, please use the back of this form.*

I do hereby affirm by my signature below that the above information provided by me is true and accurate to the best of my knowledge and belief. I further understand that any false, misleading, or untrue statements, accusations, or allegations herein made by in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may be subject to criminal and/or civil prosecution. (720 ILCS 5.31-4 and 5/26.1 states it is a criminal offense for any person to knowingly furnish false information or to transmit false information to a public officer knowing there are no reasonable grounds that such an offense has been committed.)

Signature of complainant

Supervisor/Star #