WILMINGTON POLICE DEPARTMENT
129 Robert P. Weidling Dr
Wilmington, IL 60481
(815) 476-2813

CITIZEN COMPLAINT

I, _____ of _____
(Print Name) (Address) (City, State, Zip)

allege that _____, a member of the Wilmington Police Department, committed an act of misconduct/violation of the law as described below. I affirm the following allegations to be true. I understand that upon my submission of this complaint, the facts of the incident will be investigated by the department or legal authorities. I further understand that I am filing an Official Police Report and that knowingly providing false or untrue information can constitute an offense that can result in arrest, pursuant to 720 ILCS 5/4-26-1(a)(4).

Witness Name: _____ Telephone _____

Witness Address: _____

Witness Name: _____ Telephone _____

Witness Address: _____

Signed: _____ Date: _____
Complainant

Signed: _____
Complaint received by

CC# _____