Galesburg Police Department Citizen Complaint Form

Name_____ DOB_____ Telephone_____

Address_____ City_____ State/Zip_____

Complaint on Behalf of: Self___ Other___ Name: _____

Location of Incident_____

Date Occurred_____ Time Occurred_____ Officer_____

Complaint Narrative: Please be specific, and provide any witness information. (Additional space available on page 2)

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I request a thorough and complete investigation be made of this complaint and agree to cooperate fully in the investigation, including giving written statements if necessary. I further understand if the investigation proves this allegation to be intentionally false or made with reckless disregard for the truth, I may be prosecuted criminally or civilly.

"To the best of my knowledge and belief, all statements I have made on this document are true and correct."

Signature: _____ Date: _____

For Office Use Only

Complaint #_____

Received by: _____ Date: _____ Time:_____

____ ***Complaint Resolved*** Supervisor: _____

(Form A 11/07/2019)