



**GLEN ELLYN POLICE DEPARTMENT  
CITIZEN COMPLAINT FORM**

The Glen Ellyn Police Department takes seriously all complaints regarding the service provided by the Department and the conduct of its members. The Department will objectively investigate complaints to resolution as soon as practical.

**Person Making Complaint:**

<b>Name:</b>	<b>Home Phone:</b>	<b>Cell or Work Phone:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>

**Subject of Complaint:**

<b>Officer Name:</b>	<b>Badge #</b>	<b>Car #</b>	<b>Other Description</b>
<b>Officer Name:</b>	<b>Badge #</b>	<b>Car #</b>	<b>Other Description</b>

<b>Date/Time of Incident:</b>	<b>Location of Incident:</b>

**Please provide details of the incident:**

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I certify by my signature below that I have prepared, read and fully understand the information provided in this complaint and that all information provided in this complaint is true and complete to the best of my knowledge.

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**DEPARTMENTAL USE ONLY**

**Received by** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_

**Investigating Supervisor** \_\_\_\_\_

**This complaint was determined by the initial investigating supervisor to be**

\_\_\_ Informal, no further action taken \_\_\_ Formal \_\_\_ Incomplete

**Approved by** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**An investigation into this complaint determined it to be**

\_\_\_ Unfounded \_\_\_ Exonerated \_\_\_ Non-sustained \_\_\_ Sustained \_\_\_ Sustained, Other

**Approved by Chief of Police** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Please complete this form and return to the Glen Ellyn Police Department or you can mail it to:

Chief of Police  
Glen Ellyn Police Department  
65 S. Park Boulevard  
Glen Ellyn, IL 60137