

# *LeRoy Police Department*

*207 S. East St., LeRoy IL 61752*

*Jason T. Williamson, Chief of Police*



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*Emergency: 911*

*Non-Emergency: (309)-962-3310*

*www.feroyilpolice.org*

*Fax: (309)-962-7213*

## **LeRoy Police Department**

### **Complaint Form**

It is the policy of the LeRoy Police Department to investigate any alleged misconduct involving any member of the LeRoy Police Department in a thorough and timely manner. All reports will be handled as promptly as possible in accordance with Department Rules and Illinois State Law.

***It should be understood that the filing of this report is considered to be an official Police Report and that providing false or misleading information will be considered filing a false police report (Felony) and may subject the person making the report to criminal charges.***

Once completed, the reports will be reviewed by the Chief of Police (or his/her designee), or if the complaint is against the Chief, by the City Administrator (or his/her designee), who will then conduct or have conducted an internal investigation into the matter. When the investigation is completed the complainant will be notified of a finding. In the event that the Chief of Police believes that it is inappropriate for the LeRoy Police Department to investigate the matter, another Law Enforcement agency may be requested to conduct the inquiry. In the event that outside assistance is requested, persons reporting alleged misconduct will be required to cooperate with the investigating officer(s) in order to facilitate a fair and impartial inquiry.

Upon request, a finding may be given to the complainant, ie Founded, Unfounded, Unsubstantiated, or Exonerated.

**LeRoy Police Department**  
**Citizen Complaint Report**

Please fill out all spaces in the body of this form and then complete the narrative portion. Please print legibly. If needed, a police supervisor may assist in completing the report, or a recorded interview may be conducted.

Name of person making this report: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Incident : \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Officer(s) names: \_\_\_\_\_

Witnesses to the incident and their addresses and cell phone numbers if known:

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It is the policy of the LeRoy Police Department to investigate all complaints. If a false complaint or a complaint where the complainant knows that there is no reasonable grounds for such complaint is made, this can subject the complainant to criminal or civil liability.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Optional)