



# LAKE VILLA POLICE DEPARTMENT

65 CEDAR AVENUE, LAKE VILLA, ILLINOIS 60046  
PHONE: (847) 356-6106 - FAX: (847) 356-6103

## Citizen Complaint Form

You have the right to make a complaint against any employee for improper conduct. The Lake Villa Police Department will conduct a thorough investigation. If allegations against the officer(s) / employees(s) are sustained, the Lake Villa Police Department cannot release to you any type of disciplinary action taken. The investigation may also conclude that the officer(s) /employee(s) acted properly or that there is not enough information to prove or disprove the allegations.

*Please take a moment to complete the following information which will be needed in reviewing the facts surrounding your complaint. Please include as much detail as possible. **PLEASE PRINT EXCEPT FOR SIGNATURE.***

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
(first, middle, last)

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

**MY COMPLAINT IS ABOUT:** *(if known)*

OFFICER/EMPLOYEE NAMES: \_\_\_\_\_ BADGE NUMBER / ID(S): \_\_\_\_\_  
CAR NUMBER(S): \_\_\_\_\_

*I wish to make a formal complaint regarding the conduct or actions of the above officer(s)/ employee(s) as a result of an incident which occurred:*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

*\*Please explain in detail what happened and what the officer(s) / employee(s) did that you are filing this complaint about. Please use the back of this form or additional sheets of paper, if necessary.*

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I understand that this statement of complaint will be submitted to the Lake Villa Police Department and will serve as a basis for an internal investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding, if necessary. I also understand that any intentional false statements herein attested to by me, may be cause for criminal and / or civil proceedings against me.

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian name, if under 18 years of age: \_\_\_\_\_

**Please return this form to:**  
Lake Villa Police Department  
65 Cedar Avenue Lake Villa, IL.  
60046