ROCK ISLAND POLICE DEPARTMENT
CITIZEN COMMENDATION/COMPLAINT FORM

Incident Number_____

To: Chief of Police **I. A. Number**_____

From: Name:_____**Sex:**_____**Race:**_____**Date of Birth:**_____

Address:_____**City:**_____**State:**_____**Zip:**_____

Telephone: Area Code (____)_____ **/ Area Code (____)**_____
Home **Business**

Date and Time of Incident_____
Location of Incident_____
Personnel Involved:_____**I.D. Number**_____
_____**I.D. Number**_____
_____**I.D. Number**_____
Witnesses:

_____
Name **Address** **Telephone Number**
_____
Name **Address** **Telephone Number**

Please describe in your own words your commendation or complaint:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Use reverse side if additional space is needed)

If you are filing a complaint, how would you like to see it resolved?

_____
_____

I affirm that the above statement is true and accurate to the best of my knowledge.
Intentional filing of a false report may result in criminal prosecution.

Signature:_____**Date:**_____

For Department use only:
Received by:_____**Date:**_____**Time:**_____
Complaint Number:_____