WINNETKA POLICE DEPARTMENT
Complaint Receipt Form

Complainant			**Incident Number**
Address			
Home Telephone	**Business Telephone**		**Other**
Location of Incident		**Date of Incident**	**Time of Incident**
Employee(s) Involved			**Star Number**
Witness			
Address			
Home Telephone	**Business Telephone**		**Other**
Witness			
Address			
Home Telephone	**Business Telephone**		**Other**
Complainant Narrative:			
Attachment(s)			
Compliance with Public Act 93-0592	**In Person: To the best of my knowledge and belief, that the statements I have made are true and correct.**		
Complainant's Signature	**Parent or Guardian Signature (If under 18 years of age)**		**Date**
For Department Use Only			
Telephone Letter Email: "To the best of my knowledge and belief, that the statements I have written above are true and correct as related to me."			
Complaint Witnessed by:	**Star Number**	**Date Received**	**Time Received**
Copy provided to Complainant **Initial/date**	**Copy provided to accused Employee (s)** **Initial/date**		

Print Form