

Evanston Police Department employee(s) information (if known):

Employee's name:	Badge or ID #:
Employee's name:	Badge or ID #:

If the name(s) of the officer(s) or employee(s) is/are not known, please provide description(s).

Witness information:

Last name, first name:	Street Address, City, State:	Phone number:
Last name, first name:	Street Address, City, State:	Phone number:

Evidence information:

Occasionally, citizens have evidence or documentation that supports their complaint allegations. If so, please indicate what evidence or documentation you have, and be willing to provide a copy to the Police Department so that a thorough investigation can be completed.

Verification of complaint allegations: (REQUIRED)

Pursuant to 50 ILCS 725/3.8(b), "Admission; Counsel; Verified Complaint", anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit.

By placing a checkmark (✓) in this box,

"I hereby certify that the information in this complaint is true and correct, to the best of my knowledge and belief."

Signature (Required)

Date: ____/____/____
MM DD YYYY