

Evanston Police Department

Employee Complaint Register

Submit in-person or by mail:

Morton Civic Center, 2100 Ridge Ave., Room 2700, Evanston, IL 60201 Monday - Friday, 8:30 a.m. to 5:00 p.m.

Submit in-person or online 24-hours:

Evanston Police Department, 1454 Elmwood Ave., Evanston - www.cityofevanston.org/policecomplaint

Middle Name or Initial: (Required)

State and Zin Code: (Pequired)

- If you have been arrested, you have the right to discuss your charges with an attorney.
- If information requires clarification, we will contact you.

Home Address - Street Address: (Pequired) City: (Pequired)

- If you are filing a formal complaint, we need to be able to contact you, and you may be asked to meet with us in person.
- Please be aware that if you allege injuries as a result of this incident, we will need copies of your medical records regarding any examination and/or treatment. Per Federal privacy laws on the release of medical records, you will need to obtain copies of those records and supply them to the Evanston Police Department to make part of this investigation.

First Name: (Required)

PLEASE PRINT CLEARLY:

Your Information: Last Name: (Required)

Tiome Address - Offeet Address.	Glate and Zip Gode. (Required)						
Best Time to Contact:		Ь	Phone Number:	Home 🗆	Altornate	e Phone Number:	
Morning Afternoon Early	, Evening (hefere 6 n r		\	Work		e Filone Number.	
Morning Alternoon Early	y Evening (before 6 p.i	"., □ () -	Cell) -	
Other contact info:		L	Age:	Race:		•	
			(Requested for		ested for		
			statistical data)	statisti	cal data)		
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Incident Information: (Required)							
Date of Incident: MM/DD/YYYY Time of Occurrence: Address			where incident occurred:		Location (i.e. Business Name)		
Description of Incident: (Required) Please describe what you believe the officer/employee did properly or improperly, and explain how you were personally involved in this incident. Attach another sheet, if necessary.							

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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 (\checkmark) in this box, \square "I hereby certify that the information in this complaint is true and correct, to the best of my knowledge and belief." Date: Signature (Required)

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