

VILLAGE OF SCHAUMBURG

Complaint Receipt Form

Complaint Receipt #:	_____	Related RD Number:	_____
Date/Time of Incident:	_____	Date/Time Reported:	_____
Complainant:	_____	Telephone Number:	_____
Date of Birth:	_____		
Address:	_____		
Witness:	_____	Telephone Number:	_____
Address:	_____		
Witness:	_____	Telephone Number:	_____
Address:	_____		
Witness:	_____	Telephone Number:	_____
Address:	_____		

Complaint Description:

Please be as detailed as possible, use a separate page if necessary.

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Complaint Signature

I understand that upon my submission of this complaint, the facts of the incident will be investigated by the department or the office of professional standards. I further understand that I am filing a complaint and that knowingly providing false or untrue information can constitute an offense that can result in arrest, pursuant to 720 ILCS 5/26-1(a)(4).

Complainant's Signature

Date/Time

To be completed by Village of Schaumburg Personnel

Complaint Receipt #: _____

Manner in which Complaint was Received: _____

Location of Occurrence: _____

Employee Name: _____

Date/Time: _____

Employee Name: _____

Date/Time: _____

Employee Name: _____

Date/Time: _____

Supervisor Name: _____

Date/Time: _____

OPS Notified by: _____

Date/Time: _____

Investigator Assigned: _____

Date/Time: _____