



# **SOUTH CHICAGO HEIGHTS POLICE DEPARTMENT**

## CITIZEN COMPLAINT FORM

**Date of Incident:**

Time: \_\_\_\_\_

**Location:** \_\_\_\_\_

I, \_\_\_\_\_

*Print Name*

allege that \_\_\_\_\_, a member of the South Chicago Heights Police Department, committed an act of misconduct described below:

### Optional Information

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Complainant Name

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Witness Name

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## Address

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## Phone Number

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## Phone

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## Phone Number