



ELGIN POLICE DEPARTMENT Citizen Sworn Affidavit



It is the policy of the Elgin Police Department to thoroughly investigate complaints concerning employees or any of the department's policies and procedures. The department strives to complete all investigations within thirty (30) days of receiving the complaint. Complaints more complex in nature may require additional time to complete the investigation. At the completion of the investigation, you will be notified of the disposition. Completion of a false affidavit may prompt an investigation and the person completing the affidavit may be subject to criminal charges or a civil suit.

Date of the incident _____ Time of the incident _____

Name of reporting person _____

Location of the incident _____

Name of employees involved _____

Witness number 1

Name _____ Phone number _____

Full address (city/state/zip) _____ DOB _____

Witness number 2

Name _____ Phone number _____

Full address (city/state/zip) _____ DOB _____

Narrative: Describe the incident in as much detail as possible. You may list additional witness information at the end of the narrative. If more space is needed, go to page two.

My signature below indicates that I swear and affirm that all the above and attached information is true and correct to the best of my knowledge.

Reporting person (print) _____ DOB _____ Date _____

Signature _____ Phone # _____

Full address (city/state/zip) _____

Signature of in-taking supervisor _____ Badge # _____

Notary _____ Date _____

