McLEAN COUNTY SHERIFF'S DEPARTMENT
MIKE EMERY, SHERIFF
"Peace Through Integrity"
Administration Office
(309) 888-5034
104 W. Front Law & Justice Center Room 105
P.O. Box 2400 Bloomington, Illinois 61702-2400

Detective Commander (309) 888-5051
Patrol Commander (309) 888-5859
Patrol Duty Sergeant (309) 888-5019
Jail Division (309) 888-5065
Process Division (309) 888-5040
Records Division (309) 888-5055
Domestic Violence Division (309) 888-4940
FAX (309) 888-5072

CITIZEN COMPLAINT FORM

To Whom It May Concern:

The purpose of this report is to allow the Sheriff's office to have a starting point to investigate allegations of employee misconduct or violations of Sheriff's Department Rules and Regulations.

Attached is a Citizens Complaint Form and an Affidavit. Please fill out the complaint form **completely and legibly**. If necessary, please print. The complaint form must be filled out by the **individual directly impacted by the actions of the Sheriff's Office employee**. A sworn Affidavit, which relates to the facts of the complaint, must be included. The **Affidavit must be signed by the complainant** and the signature **witnessed by a Notary Public**.

After completing the form, you may request to speak with the on duty Shift Supervisor. If the Shift Supervisor cannot resolve your complaint, it will be forwarded to the appropriate Commander. You will be contacted by a Commander to follow up on your complaint.

Complaints may be taken home to be filled out. Please return your complaint to: Sheriff Mike Emery, McLean County Sheriff's Office at 104 W. Front St., P.O. Box 2400, Bloomington, IL 61702-2400. If complaints are brought to the department, make sure they are clearly addressed to Sheriff Mike Emery.

If you have any questions, please call my Administrative Office at (309)888-5034. Our office hours are 8:00 a.m. to 4:30 p.m.

Mike Emery
Sheriff

CITIZEN COMPLAINT FORM

Complainant Name:_____DOB:_____

How Reported:_____

Complainant
Address:_____

Work Telephone Number:_____

Business
Name:_____

Address:_____

Business Telephone_____

1. Name:_____Address:_____
Phone:_____

2. Name:_____Address:_____
Phone:_____

3. Name:_____Address:_____
Phone_____

1. Officer Name:_____I.D.#:_____
Squad Description:_____

2. Officer Name:_____I.D.#:_____
Squad Description_____

3. Officer Name:_____I.D.#_____
Squad Description_____

Nature of Complaint:
_____

Location of Incident:
_____

Date:_____Time:_____

I UNDERSTAND, and it is my desire, that this complaint will be investigated diligently. I further understand that if I make FALSE STATEMENTS in this complaint I MAY BE LIABLE FOR BOTH CRIMINAL AND CIVIL PROSECUTION.

Complainant's Signature:_____Date:_____Time:_____

Signature of Parent/Guardian:_____Date:_____Time:_____

Accepting Officer's Signature:_____Date:_____Time:_____

DISTRIBUTION: Original to Sheriff Copies to: Chief Deputy, Employee, Employee's Supervisor, Investigations Officer, Complainant.

CITIZEN COMPLAINT FORM-COMPLAINT NARRATIVE

This Statement is given by:_____

Complainant Address:_____

Complainant Telephone Number:_____

Work Telephone Number:_____

Administrative Review Number:_____Date:_____Time:_____

Complaint Narrative:

_____

_____

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_____

Witness Name:_____Witness Signature:_____

Witness Name:_____Witness Signature:_____

AFFIDAVIT

I,_____, after first duly sworn, state that this affidavit is being made on the personal knowledge of the affiant and this affiant, if sworn as a witness, can testify competently in regard to the facts stated herein and that under penalties as provided by law, the undersigned certifies that the following information is true and correct.

_____

_____

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_____

_____

_____

Further affiant sayeth not.

_____
Signature of Affiant

_____
Printed Name

_____

_____
Address

_____
Telephone Number

Subscribed and sworn to before me this _____day of _____, 20_____.

_____
Notary Public