



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

Detective Commander (309) 888-5928
Patrol Commander (309) 888-4943
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. 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 **complaint form must be signed by the complainant** and the signature **witnessed**.

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 Matt Lane, 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 Matt Lane.

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.

Matt Lane
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:

Complainant Name: _____ Complainant Signature: _____

Witness Name: _____ Witness Signature: _____