



Winnebago County Sheriff's Office
 650 West State Street
 Rockford, IL 61102
 815-319-6000

Winnebago County Sheriff's Office Complaint Form

COMPLAINT NO. _____ Received by _____ Star No. _____

Form Completed by: Citizen Law Enforcement Officer Other (please specify) _____

Complainant Name:		Date of Birth:
Address:		City/State/Zip:
Phone No.	Best Time to Call:	Email Address:

WITNESS INFORMATION

Name:	Address:	Phone No.
Name:	Address:	Phone No.
Name:	Address:	Phone No.
Name:	Address:	Phone No.

OFFICER/EMPLOYEE INFORMATION

Name:	Badge No.	Car No.
Name:	Badge No.	Car No.
Name:	Badge No.	Car No.
Name:	Badge No.	Car No.

INCIDENT DETAILS

Date of Incident:	Time of Incident:	Police report No. (if known):	Type of Incident:
Location of Incident:			

NARRATIVE

(Please Print Synopsis of Complaint)

(If needed) continue narrative on additional page.

*Please supply any supporting documentation.

