Niles Police Department
Employee Complaint Form

Submit in-person, by mail or online 24-hours:
Niles Police Department
7000 W. Touhy Ave.
Niles, IL 60714
police@vniles.com

- If you have been arrested, you have the right to discuss your charges with an attorney.
- If information requires clarification, we will contact you.
- If you are filing a formal complaint, we need to be able to contact you, and you may be asked to meet with us in person.
- Please be aware that if you allege injuries as a result of this incident, we will need copies of your medical records regarding any examination and/or treatment. Per Federal privacy laws on the release of medical records, you will need to obtain copies of those records and supply them to the Niles Police Department to make part of this investigation.

PLEASE PRINT CLEARLY:

Your Information:

Last Name: (Required)	First Name: (Required)	Middle Name or Initial: (Required)
Home Address – Street Address: (Required)	City: (Required)	State and Zip Code: (Required)
Best Time to Contact: **Morning** □ **Afternoon** □ **Early Evening (before 6 p.m.)** □	Phone Number: ( ) - Home □ Work □ Cell □	Alternate Phone Number: ( ) -
Other contact info:	Age: (Requested for statistical data)	Race: (Requested for statistical data)

Incident Information: (Required)

Date of Incident: MM/DD/YYYY	Time of Occurrence:	Address where incident occurred:	Location (i.e. Business Name)

Description of Incident: (Required)
Please describe what you believe the officer/employee did properly or improperly, and explain how you were personally involved in this incident. Attach another sheet, if necessary.

Niles Police Department

Employee Complaint Form

Niles Police Department

Employee Complaint Form

Niles Police Department employee(s) information (if known):

Employee's name:	Badge or ID #:
Employee's name:	Badge or ID #:

If the name(s) of the officer(s) or employee(s) is/are not known, please provide description(s).

Witness information:

Last name, first name:	Street Address, City, State:	Phone number:
Last name, first name:	Street Address, City, State:	Phone number:

Evidence information:

Occasionally, citizens have evidence or documentation that supports their complaint allegations. If so, please indicate what evidence or documentation you have, and be willing to provide a copy to the Police Department so that a thorough investigation can be completed.

Verification of complaint allegations: (REQUIRED)

Pursuant to 50 ILCS 725/3.8(b), "Admission; Counsel; Verified Complaint", anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit.

By placing a checkmark (✓) in this box, ☐

"I hereby certify that the information in this complaint is true and correct, to the best of my knowledge and belief."

_____ Date:_____/_____/_____

Signature (Required) **MM DD YYYY**