

**NEW BERLIN POLICE DEPARTMENT
301 EAST ILLINOIS
NEW BERLIN, ILLINOIS 62670**

DEPARTMENT COMPLAINT FORM

Complaint Received By: _____	Time: _____	Date: _____
Complainant: Name: _____	Birth Date: _____	Phone: _____
Address: _____		

Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drinking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic Stop <input type="checkbox"/> Yes <input type="checkbox"/> No
Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verbally Abused: <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Dispatched Call <input type="checkbox"/> Yes <input type="checkbox"/> No

Complainant: (Second Party): Name: _____	Birth Date: _____
Address: _____	Phone: _____
Relationship to Complainant: _____	

TYPE OF COMPLAINT:

- Departmental Employee Against Departmental Employee
- Citizen Against Department
- Citizen Against Police Officer (Primary)
- Citizen Against Police Officer (Secondary)

CHARGE(S): Alleged Act Was In Violation Of:

- Federal Law: Act: _____
- State Statute: Chapter: _____ Section _____
- City Ordinance: Article Number _____ Section _____
- Rules & Regulations: General Order Number _____ Chapter _____ Section _____
- Directive or Memo: Specify _____
- Other: Specify _____

SPECIFICATIONS: Statement of facts which constitute the offenses charged)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

WHO COMMITTED ACT(S) COMPLAINT OF:

- 1. Name _____ Rank _____
- 2. Name _____ Rank _____
- 3. Name _____ Rank _____
- 4. Date Of Alleged Act(s): _____ Time: _____
- 5. Where Were Act(s)
Committed: _____

- 6. Offense Report Number (if any): _____

WITNESSES:

- 1. Name _____ Address _____ Phone _____
- 2. Name _____ Address _____ Phone _____
- 3. Name _____ Address _____ Phone _____
- 4. Name _____ Address _____ Phone _____

EVIDENCE: (Including Photographs)

Type	Entered	Time	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

SYNOPSIS OF OCCURRENCE: (Use more paper if needed)

Complainant

Complainant (Second Party)

Date

Date

OFFICER ASSIGNED TO INVESTIGATION:

Name _____ RANK _____ POSITION _____

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NOTE: The remainder of the form is to be completed by the Mayor or Chief Of Police:

Disposition Of Investigation:

- Unfounded:** Allegation is false or not factual.
- Exonerated:** Incident occurred but was lawful and proper.
- Not Sustained:** Insufficient evidence to either prove or disprove the allegation.
- Sustained:** The allegation is supported by sufficient evidence to justify a conclusion of guilt.

Action Taken:

Oral Reprimand: By _____ Date _____

Written Reprimand: (Copy attached)

Suspension: Dates and Terms _____

Referred to the Personal Committee Village Board of New Berlin. _____

Criminal Charges Filed & Disposition: _____

Other Action Taken: _____

Accused Officer(s) Notified of Disposition:

Date: _____ **Time** _____ **By:** _____

Complaining Party Notified of Disposition:

Date: _____ **Time** _____ **By:** _____

Signed : _____ **Date:** _____
Chief of Police

Signed : _____ **Date:** _____
Mayor