Willowbrook Police Department
Sworn Affidavit of Complaint Against Department Member

Case Number:	Date of this Report:

Name of Complaintant/Affiant (Please Print):	Date of Birth:	Home Phone:
Address:		Work Phone:
Employer:		Cell Phone:
Date and Time of Incident:	Address Where Incident Occurred:	
Name of Person(s) You Are Complaint About, If Known:		
Have You Reported This To Anyone Previously? Yes ☐ No ☐	If So, Whom:	Date:

Persons Who Actually Saw Event (Including Self)

Name	Address	Phone No.

Print Summary of Occurrence of Which You are Complaining:

Please Read Before Signing I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.	Signature of Complainant
The complaintant in this matter is either unknown or is unwilling to swear out the affidavit. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.	Receiving Officer's Signature
The signature of _____, was subscribed and sworn before me, this _____ day of _____, 20_____.	Notary Signature SEAL

Person Receiving Complaint:	Badge #:	Place Taken:	Date:	Time: