



Form Q (04/2023)

Illinois Law Enforcement Training and Standards Board

500 S. 9<sup>th</sup> Street - Springfield, Illinois 62701-1924 - Telephone: (217) 782-4540

[www.ptb.illinois.gov](http://www.ptb.illinois.gov)

Send to: [PTB.Complaints@illinois.gov](mailto:PTB.Complaints@illinois.gov)

### Officer Complaint Form (Public)

***Pursuant to Section 6.3(c)(2) of the Police Training Act, "[a]ny person may also notify the Board of any conduct the person believes a law enforcement officer has committed as described in subsection (b)."***

#### OFFICER INFORMATION

Full Name: \_\_\_\_\_ Badge No.: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

#### **Description of Incident (attach additional documents, if necessary):**

#### OPTIONAL: Complainant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Agencies Notified: \_\_\_\_\_

☐ I consent to have my identity disclosed. ☐ I do NOT consent to have identity disclosed.

#### **REPORTING AGENCY INFORMATION (Law Enforcement, State's Attorney, Executive Director of the Board)**

Reporting Agency: \_\_\_\_\_

Reporting Officer (rank/title): \_\_\_\_\_

#### WITNESS INFORMATION – attach separate sheet for additional witnesses

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Description: \_\_\_\_\_