ROCK FALLS POLICE

1013 7th Avenue, Rock Falls IL 61071 815-622-1140 rfpolice@rockfalls61071.com



May 9, 2023

RE: Citizen Complaints

The Rock Falls Police Department takes seriously all complaints regarding the service provided by the Department and the conduct of its members. The Department will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state, and local law. It is the policy of this Department to ensure that the community can report alleged misconduct without concern for reprisal or retaliation.

Complaints may be submitted in person to supervisory staff, over the phone, or in writing.

Complaints can be made anonymously. Please understand the investigation process may be hampered by lack of information if done anonymously or without the ability to follow-up.

A copy of the completed complaint will be provided to the complainant.

If the results of the investigation reveal that you knowingly provided false information regarding the complaint, you may be subject to prosecution as provided under Illinois law.

Complaint forms are available:

- In person at the Rock Falls Police Department
- Online at www.rockfalls61071.net/departments/police-department
- Electronically via email request at police@rockfallsil.gov



CITIZEN COMPLAINT FORM

| Complaint tracking number: | (FOR C | FFICE USE ONLY |) | |
|--|---------|-------------------|--------------|--------------|
| Complainant's Information (optional) | | | | |
| Name: | | Phone: | | |
| Address: | City: | | _State: | ZIP: |
| Date of Incident: T | Time: | Incident Number (| if known): _ | |
| Location of Incident: | | | | |
| Witness Information: | | | | |
| Officer(s) involved: | | | | |
| Incident description (be as specific as poss | sible): | | | |
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| *if you need more space, attach an extra p | ages | | | |
| Signature (optional): | | Date: | | , |

OFFICE USE ONLY:

| RFPD Staff receiving complaint: | | ID#: | |
|--|--------------|---------------|-------------|
| Date/Time received: | | | |
| Complaint able to be resolved at time of submission: | YES | NO | |
| Complaint requires additional follow-up investigation: | YES | NO | |
| Chief's Office Use Only: | | | |
| Complaint reviewed by: | | Date: | |
| Recommendation: | | | |
| Further investigation assigned to: | | | |
| Date investigation completed: | | | |
| Investigation results: | | | |
| Unfounded Exonerated Not | Sustained | Sustained | |
| Investigative results sent to complaint by: | | - | |
| Date: | | | |