

Rock Falls Police Department

Chief of Police
David Pilgrim
815-622-1140 x1247

Mayor
Rodney Kleckler
815-622-1100 x1160

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

Deputy Chief
Mark Davis
815-622-1140 x1251

City Administrator
Robbin Blackert
815-622-1100 x1165

November 15, 2021

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.

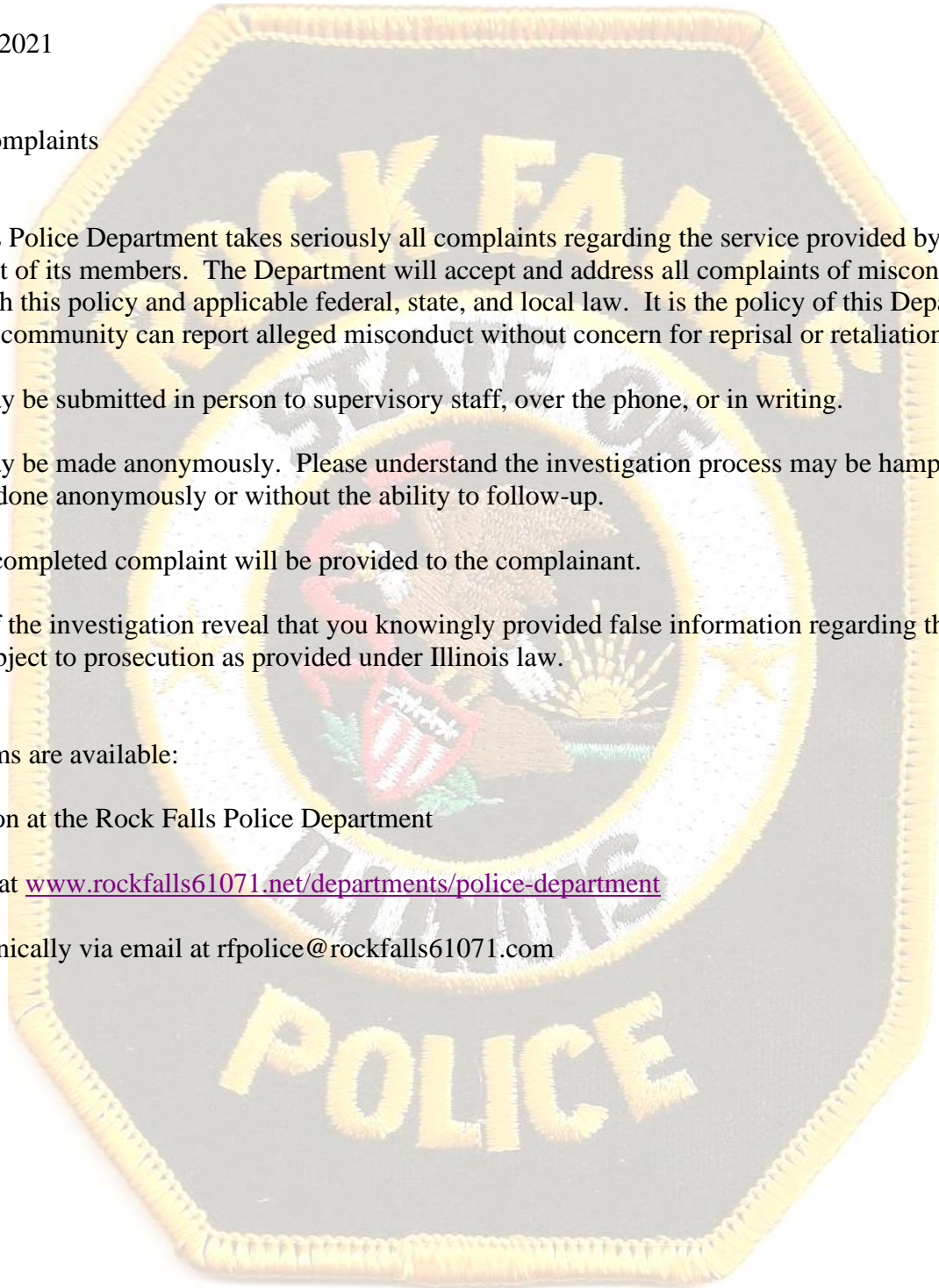
Complaints may be made anonymously. Please understand the investigation process may be hampered by lack of information if done anonymously or without the ability to follow-up.

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 at rfpolice@rockfalls61071.com



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CITIZEN COMPLAINT FORM

Complaint tracking number : _____ - _____ (FOR OFFICE USE ONLY)

Complainant's Information (optional)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Incident: _____ Time: _____ Incident Number (if known): _____

Location of Incident: _____

Witness Information: _____

Officer(s) involved: _____

Incident description (be as specific as possible): _____

*if you need more space, attach an extra pages

Signature (optional): _____

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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: _____

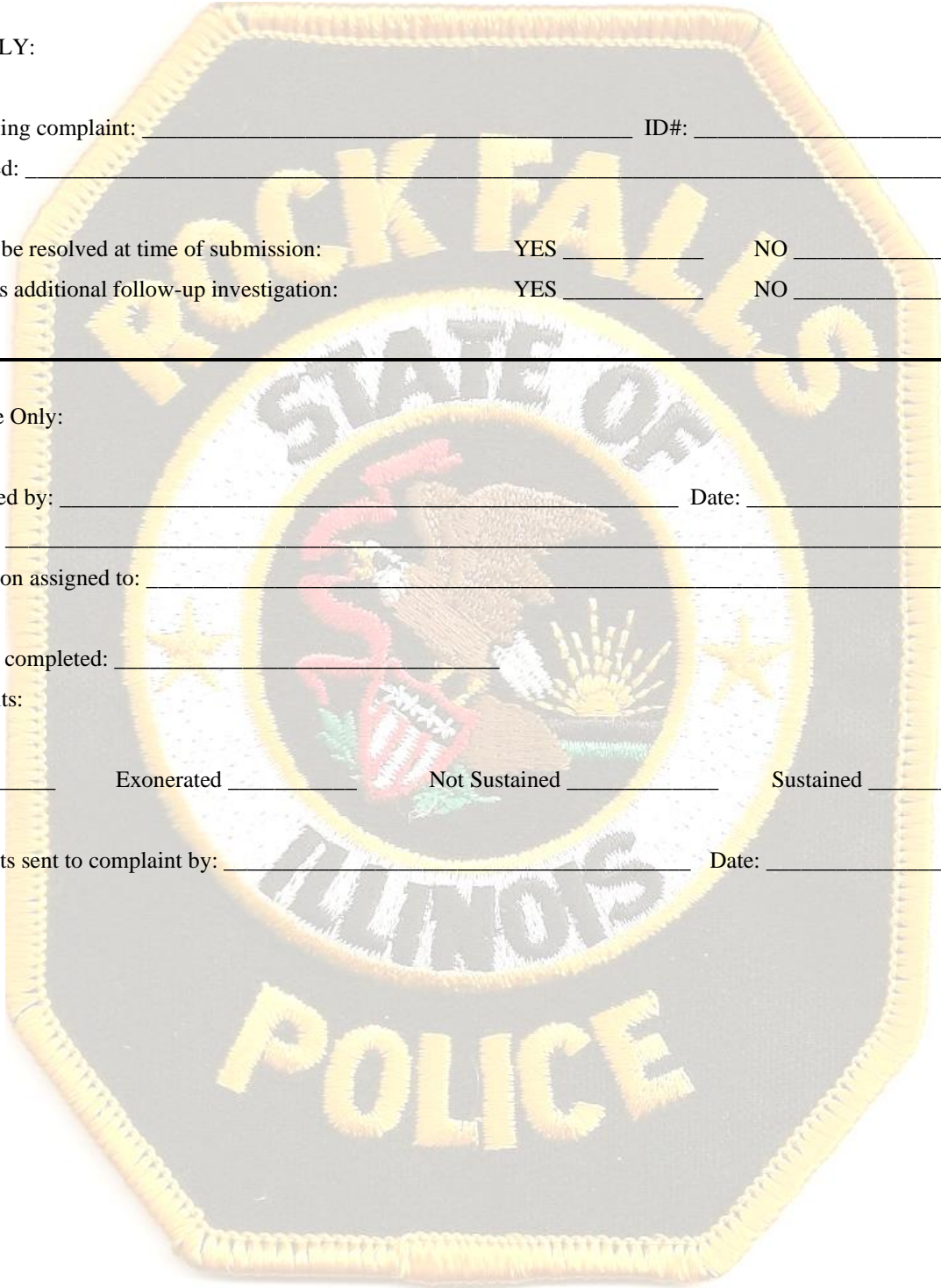
Further investigation assigned to: _____

Date investigation completed: _____

Investigation results:

Unfounded _____ Exonerated _____ Not Sustained _____ Sustained _____

Investigative results sent to complaint by: _____ Date: _____



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