



MT ZION POLICE CITIZEN COMPLAINT FORM

At the Mt. Zion Police Department, we pride ourselves on our reputation for professionalism and integrity. To this end, it is our policy to accept and investigate citizen complaints pertaining to this agency, our officers, and non-sworn members. Once received, all written complaints are forwarded to the Chief of Police and assigned to a supervising for a formal investigation. Each person who makes a formal complaint against a member of the Mt. Zion Police Department will be advised, in writing, of the final disposition of that investigation. Complaint forms are available in the Mt. Zion Police Department lobby, the Mt. Zion Village Hall, or our web site <https://mtzion.com/police-department>. Citizens may also request a blank complaint form be mailed to them directly by calling 217.864.4012.

Complaint forms can be submitted in person, by mail, or email. Complaint forms submitted by mail can be sent to:

Mt. Zion Police Department
c/o Chief of Police
PO Box 49
Mt. Zion, Illinois 62549

Complaints can also be emailed to Chief Adam Skundberg at adamskundberg@mtzion.com.



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COMPLAINANTS INFORMATION

Name: _____ Date of Birth _____

Address: _____

Phone: Day phone _____ Evening Phone _____

Place of Employment: _____

WITNESS INFORMATION

Name	Address	City, State, Zip	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICER(S) INVOLVED (please include ID# if known)

1. _____
2. _____
3. _____

LOCATION, DATE, AND TIME OF INCIDENT

Location	Date	Time
_____	_____	_____



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DESCRIPTION OF INCIDENT

Please write or type a description of the incident. Be as specific and detailed as possible. Use additional paper if necessary.



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Harassment, retaliation, or retribution for filing a complaint or testifying on behalf of a complainant will not be tolerated. If you believe you are the subject of harassment, retaliation, or retribution as a result of the complaint process please contact the Mt. Zion Chief of Police at 217.864.5414 or the Mt. Zion Village Administrator at 217.864.5424

Complainant name (printed)

Complainant signature

Date

For office use only

Complaint received by _____ ID# _____ Date _____

Complaint submitted by _____ Mail _____ Email _____ In Person _____

Complaint forwarded to _____ Date _____
Name of Command Officer