

Roxana Police Department

Compliment an Officer or File a Complaint



The Village of Roxana appreciates any compliment as well as any complaints. We take any complaint seriously, so we ask you to take them seriously as well. Please use the form below to submit a compliment or complaint about the actions or professionalism of any Roxana Police Department personnel. Please read the following two items carefully and if you agree complete the form below.

1. **I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.**
2. **I understand the person that I'm requesting to be investigated is a Roxana Police Officer.**

Please rest assured all complaints are thoroughly investigated by the Department and the appropriate action will be taken. Compliments are sent to the Chief of Police, so the employee and their supervisor can be made aware of the commendation.

We request contact information on the form below. You may submit a statement without identifying yourself or providing contact information, but without this information it is much more difficult for us to investigate a complaint, to thank you for a compliment, and we will not be able to provide any updates on actions taken because of your statement.

When submitted, this form is sent directly to the Chief of Police.

Contact Information (Print):

Full Name: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

Contact Email: _____

Incident Report (Print):

Type of incident you are reporting: _____

Indicate An Incident Type:

| | | | |
|-------------------|---------------------|------------------|----------|
| Assault | Battery | Excessive Force | Fraud |
| Harassment | Official Misconduct | Racial Profiling | Rudeness |
| Sexual Harassment | Sexual Assault | Threat to Safety | Theft |

Other: _____

Location or Address of Incident: _____

Date of Incident: _____ Time: _____

Name of the person you are reporting: _____

Description of person you are reporting: _____

Describe the incident that occurred to cause the complaint: _____

Name of any witnesses: _____

Contact phone number of any witnesses: _____

Signature: _____ Date: _____

This form must be submitted to the Roxana Police Department located at 310 N. Central Avenue, Roxana, IL 62084.

For Official Use Only

Date Received: _____ Received by: _____

Case #: _____