



# COMPLAINT AGAINST CONSERVATION POLICE OFFICER



Be advised, you are not required to provide any personal information on this form, including your name, address, phone number, or any other identification information. All complaints will be investigated. Providing your contact information will allow the Department to complete a more complete and expedient investigation into your complaint.

Name of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Complainant Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Address where incident occurred \_\_\_\_\_

Name(s) of person(s) complaint is about \_\_\_\_\_

Have you reported this to anyone previously?  Yes  No

If so, to whom? \_\_\_\_\_ Date previously reported \_\_\_\_\_

## PERSONS WHO ACTUALLY SAW EVENT (INCLUDING YOURSELF)

NAME

ADDRESS-Home and Business addresses

PHONE NUMBER(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Receiving Communication ID No. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; 217/785-0067; TTY 217/782-9175.