

Carol Stream Police Department

Citizen Complaint/Inquiry Form

Please send to: Carol Stream Police Department
C/O Deputy Chief
500 N. Gary Avenue
Carol Stream, Illinois 60188
FAX: 630-668-2397
EMAIL: police@carolstream.org
Non-Emergency Voice: 668-2167

CASE/TICKET # _____

DATE & TIME INCIDENT OCCURRED: _____

LOCATION WHERE INCIDENT OCCURRED: _____

EMPLOYEE(S) INVOLVED IF KNOWN:

NAME _____ BADGE or I.D.# _____

NAME _____ BADGE or I.D.# _____

NAME _____ BADGE or I.D.# _____

YOUR NAME: _____ SEX _____ DOB _____

PHONE (H) _____

ADDRESS: _____ PHONE (W) _____

WITNESS #1: _____ SEX _____ DOB _____

PHONE (H) _____

ADDRESS: _____ PHONE (W) _____

WITNESS # 2: _____ SEX _____ DOB _____

PHONE (H) _____

ADDRESS: _____ PHONE (W) _____

PLEASE DESCRIBE THE NATURE OF YOUR COMPLAINT OR INQUIRY: _____
