



# CASEYVILLE POLICE DEPARTMENT

10 West Morris Street  
Caseyville, IL 62232



**Tom Coppotelli**  
Chief of Police

**G.W. Scott**  
Mayor

## COMPLAINT FORM

I, \_\_\_\_\_, do hereby affirm, with my written signature that the following statement and my attachments are true and factual.

\_\_\_\_\_  
Complainant Signature

My commission as Notary Public expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Seal/Stamp

\_\_\_\_\_  
Notary Signature

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

I hereby file my formal complaint against \_\_\_\_\_

(Print Name of Person)

working as a \_\_\_\_\_.

(Title)



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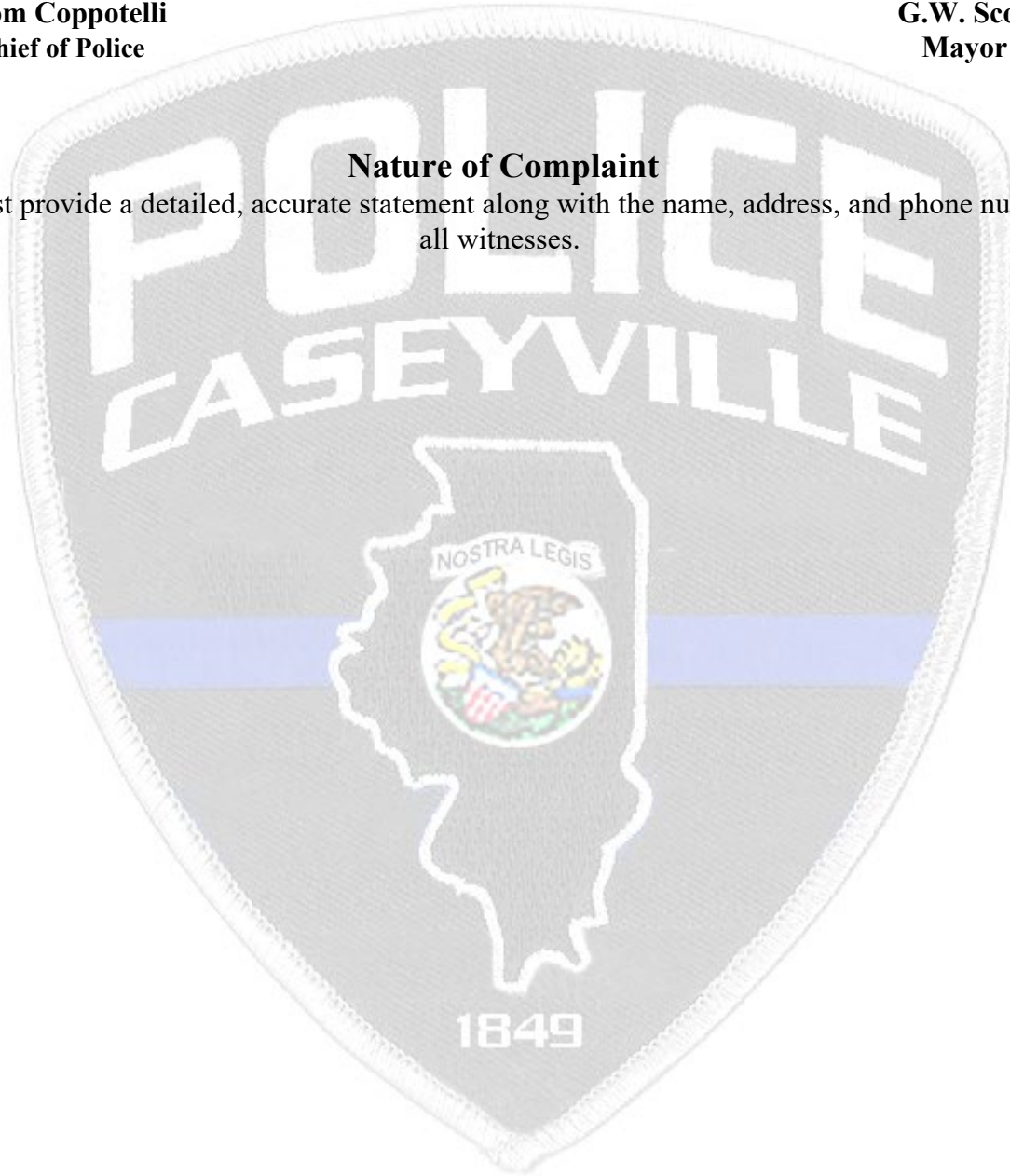


**Tom Coppotelli**  
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## Nature of Complaint

You must provide a detailed, accurate statement along with the name, address, and phone number of all witnesses.



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(Signature)

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(Date)