



## 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 supervisor 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 police department lobby or our web site at <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](mailto:adamskundberg@mtzion.com).



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### COMPLAINANT INFORMATION

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Day phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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### WITNESS INFORMATION

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

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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### LOCATION, DATE, AND TIME OF INCIDENT

Location	Date	Time
_____	_____	_____



## **MT ZION POLICE CITIZEN COMPLAINT FORM**

### **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**

State of Illinois) ss

County of Macon)

I, \_\_\_\_\_, being duly sworn on oath, state that I have read  
Print name of Complainant

the foregoing Complaint and that the statements contained therein are true.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

*For office use only*

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Complaint received by \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Complaint submitted by \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ In Person \_\_\_\_\_

Complaint forwarded to \_\_\_\_\_ Date \_\_\_\_\_  
Name of Command Officer