



VERNON HILLS POLICE DEPARTMENT COMPLAINT REGISTER



The Vernon Hills Police Department takes all complaints seriously regarding the service provided by the Department and the conduct of its members. The Department will accept and address all complaints of misconduct in accordance with policy and applicable federal, state and local law, municipal and county rules and the requirements of any collective bargaining agreements.

In general, the primary responsibility for the initial investigation of personnel complaints rests with the Department member's immediate supervisor. Inquiries about conduct or performance that, if true, would not violate department policy or federal, state or local law, policy or rule may be handled informally by a supervisor. Such inquiries generally include clarification regarding policy, procedures or the response to specific incidents by the Department. Complaints related to the issuance of traffic citations are generally referred to the Lake County Circuit Court.

If your concern was not satisfactorily addressed by the shift supervisor, you will be contacted by a member of the Command Staff, generally within 2-3 business days. A matter in which a supervisor determines that further action is warranted will be forwarded to a Deputy Chief for review with the Chief of Police. Complaints of this nature may be referred to an Administrative Review, depending on the seriousness and complexity of the investigation.

Complainant Information	NAME (Last, First, M.I):		AGE:	DATE OF BIRTH:	PRIMARY PHONE #:
	HOME ADDRESS:		CITY / STATE / ZIP CODE:		
	EMAIL ADDRESS:		STATE ID/DL NUMBER:		STATE OF ISSUANCE:
Complaint Information	NATURE OF COMPLAINT:			DATE OF INCIDENT:	TIME OF INCIDENT:
	LOCATION OF INCIDENT:				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER(S) AGAINST WHOM YOU WISH TO FILE A COMPLAINT				
Witnesses Information	NAME	ADDRESS / CITY / STATE / ZIP			PHONE NUMBER
PD ADMINISTRATIVE USE ONLY					
<input type="checkbox"/> Resolved by Watch Commander:				Internal Case #:	
<input type="checkbox"/> Referred For Additional Review				Complaint Register #:	

Complainant's Signature (optional)

Date Signed

Received by

Date and Time Received