



Barrington Police Department
Complaint Form

Sworn Complaint

I, _____ of _____
(Print Name) *(Address)*

allege that _____, a member of the Barrington Police Department, committed an act of misconduct/violation of the law as described below:

(Add additional pages if needed)

Witness Name:	Witness Phone:
Witness Address:	

I, _____ (insert name of Affiant/Complainant) Under penalties as provided by law pursuant to 735 ILCS 5/1-109. I certify, swear and affirm that the information set forth in the statement(s) above and/or attached summary are true and correct, except as to any matters therein stated to be on information and belief as to such matters, I further understand that I am filing an Official Police Report and that knowingly providing false or untrue information can constitute an offense that can result in arrest, pursuant to 720 ILCS 5/26-1(4). I certify as aforesaid that I certify the same to be true.

Signature (Affiant/Complainant) _____
Date

SWORN and SUBSCRIBED to before me this _____ day of _____.