

# WILL COUNTY SHERIFF'S OFFICE NOTICE TO THE PUBLIC

THIS NOTICE EXPLAINS HOW TO REGISTER A COMPLAINT AGAINST THE  
DEPARTMENT OR ANY OF ITS MEMBERS.

“ALL COMPLAINTS MADE AGAINST THE DEPARTMENT OR ITS MEMBERS SHALL  
BE INVESTIGATED, INCLUDING ANONYMOUS COMPLAINTS.”

**PROCEDURE:**

1. Attempt to meet with or make arrangements to meet with the department member's immediate supervisor. If the complaint does not concern any individual member however, instead pertains to a particular Department Policy or Procedure, request to see the Watch Commander:

|              |                          |              |
|--------------|--------------------------|--------------|
| Enforcement: | Laraway Road Station     | 815-727-8573 |
| Detention:   | Adult Detention Facility | 815-740-1250 |

2. If the complaint cannot be resolved by the member's immediate supervisor, you will be asked to complete a form which, when completed, should identify the circumstances, nature, and the extent of the complaint. The "Complaint Against the Department/Member" Form requests specific information which the department needs in order to make a thorough investigation.
3. Complaints cannot be made on behalf of someone 18 or older. They must submit the complaint themselves, unless exigent circumstances exist.
4. Persons who initiate written complaints shall receive written acknowledgement from the Sheriff's Office.
5. The status of the investigation shall be communicated to the complainant periodically and at its conclusion.
6. All investigations shall be completed within forty-five (45) days from the time the written complaint is registered. Exceptions shall only be granted by the Sheriff when extenuating circumstances are present.

Page \_\_\_\_ of \_\_\_\_

ATTACHMENT A

Complainant Initials \_\_\_\_\_

COMPLAINT AGAINST THE DEPARTMENT / MEMBER

PLEASE COMPLETE THE INFORMATION REQUESTED ALONG WITH THE NARRATIVE PORTION OF THE FORM. PLEASE INITIAL EACH PAGE AND HAVE YOUR SIGNATURE.

Complainant:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Member Against Whom the Complaint is Made: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

All Witnesses to Occurrence (Names, Addresses, Telephone Numbers - If additional space is needed, place a check here \_\_\_\_\_ and list additional witnesses in the narrative portion.)

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

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

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

4. \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

ATTACHMENT B (1)

Complainant Initials \_\_\_\_\_





**WILL COUNTY SHERIFF**

**COMPLAINT AGAINST THE DEPARTMENT / MEMBER (CONTINUED)**

Member's Name: \_\_\_\_\_

\_\_\_\_\_  
Complainant Name (printed)

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

Page \_\_\_\_ of \_\_\_\_

ATTACHMENT B (3)

Complainant Initials \_\_\_\_\_