Aurora Police Department Officer & Employee Complaint Form

Take a moment to complete the following information, which will be needed in reviewing the facts surrounding your complaint. Please include as much detail as possible.

Personal Information:			
Full Name:			Birthdate:
Street Address:			Apt/Unit:
City:		State:	Zip Code:
Email Address:		<u> </u>	Phone Number:
Race / Ethnicity (for statistical data only):			Age (for statistical data only):
Complaint Information (include as I wish to make a complaint regarding		er(s) and/or employee(s) below as a	result of an incident.
Date:	Time:	Location:	
Officer(s) or Employee(s):			
Badge Number(s):		Car Number(s):	

Explanation continued			
IAPA			
Witness Information:			
Full Name:			
Street Address:			
City:		State:	Zip Code:
Full Name:			Phone Number:
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Street Address:			Apt/Unit:
City:		State:	Zip Code:
			, , , , , ,
Full Name:			Phone Number:
Street Address:			Apt/Unit:
City:		State:	Zip Code:
You have the right to make a complaint ag a thorough investigation and you will be n			
employee(s) are sustained, the Aurora Po	lice Department cannot re	lease any type of disciplinary ac	ction taken to you. The investigation
may also conclude that the officer(s) and,	or employees(s) acted pro	operly or that there is not enoug	gh information to prove or disprove

I understand that this statement of complaint will be submitted to the Aurora Police Department, Office of Professional Standards, and will serve as a basis for an internal investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding if necessary. I also understand that any intentional false statements herein attested to by me, may be cause for criminal and/or civil proceedings against me.

How to submit form:

By email to: OfficeOfProfessionalStandards@aurora.il.us

by mail or in-person to: Aurora Police Department, Office of Professional Standards, 1200 E. Indian Trail, Aurora, IL, 60505

or by fax to: 630-256-5089

You can learn more about the Office of Professional Standards at https://www.aurora-il.org/apdops