

COMPLAINT AGAINST CONSERVATION POLICE OFFICER

Be advised, you are not required to provide any personal information on this form, including your name, address, phone number, or any other identification information. All complaints will be investigated. Providing your contact information will allow the Department to complete a more complete and expedient investigation into your complaint.



Name of Complainant			Date
-			
Complainant Date of Birth	Phone	Email	
Street Address			
City	State	ZIP	
Date of incident	Time of incid	dent	
Address where incident occurred			
Name(s) of person(s) complaint is about	t		
Have you reported this to anyone previo	ously? O Yes O No		
If so, to whom?		Date previo	ously reported
PERSONS	WHO ACTUALLY SAW EV	ENT (INCLUDING YOURSEI	LF)
NAME	ADDRESS-Home and Busin	ness addresses	PHONE NUMBER(s)
Summary of occurrence:			
Summary of occurrence: Person Receiving Communication ID No.			Time



Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; 217/785-0067; TTY 217/782-9175.