

# OFFICIAL COMPLAINT



ILLINOIS SECRETARY OF STATE

# POLICE

110 E. Adams  
Springfield, IL 62701  
FAX: 217-785-0049

\*\*\*Please include all known information and attach copies of all pertinent documentation.\*\*\*

## Complaining Party Information

Last Name:	First Name:	Middle Initial:	Date of Birth:
Address:	City:	State:	ZIP Code:
Driver's License/ID Card Number:	Home Telephone Number:	Business Telephone Number:	
Relationship to Subject of Complaint:			

## Subject of Complaint

Last Name:	First Name:	Middle Initial:	Date of Birth:
Address:	City:	State:	ZIP Code:
Driver's License/ID Card Number:	Home Telephone Number:	Business Telephone Number:	
Place of Employment (If Vehicle Dealer, give name of Dealership):			
Address:	City:	State:	ZIP Code:
Dealer Number:	Business Telephone Number:	Salesperson:	

## Vehicle Information (If Applicable)

1) Year:	Make:	Model:	Color:
Vehicle Identification Number:		Registration Number:	
2) Year:	Make:	Model:	Color:
Vehicle Identification Number:		Registration Number:	

Please provide a narrative of your complaint, including as much detailed information as possible. (Use reverse side if needed.)

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I hereby affirm that the information I have provided herein is true and correct to the best of my knowledge and belief. I submit this complaint as part of my request that the Illinois Secretary of State Police conduct a criminal investigation based on these facts. I understand that I may be called upon to testify in criminal proceedings as a Complaining Witness.

_____ Signature of Complainant	_____ Date
_____ Full Name of Complainant (print)	

**Return To:** Illinois Secretary of State Police, \_\_\_\_\_

(For Office Use Only) Date Received: _____	Reviewed By: _____	ID Number: _____	Date: _____
Open Case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number: _____	Complainant Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADM-39 F1

