

**Hillside Police Department Citizen Commendation or  
Complaint Form**

Date Reported \_\_\_\_\_ Time Reported \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

HPD Report # (if known) \_\_\_\_\_

Officers Names/Badge #'s \_\_\_\_\_

Your Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Witness \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Note: All information requested is optional, but the more information provided will  
assist in a more thorough and complete investigation.**

**Forms should be returned in-person or via US Mail to:**

**The Hillside Police Department  
Attn: Office of the Chief of Police  
425 N Hillside Ave  
Hillside IL, 60162**

[illegible]

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**(THIS SECTION IS OPTIONAL)**

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.

Complainant's signature \_\_\_\_\_

Date/Time \_\_\_\_\_

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Received by : \_\_\_\_\_  
(HPD Supervisor Signature)

Date/Time \_\_\_\_\_

Form CF-Rvsd 10/04/2022