

Marseilles Police Department

142 Lincoln St.
Marseilles, IL 61341
Phone: 815-795-2131 x12
Fax: 815-795-4209
cityofmarseilles.com

File a Complaint

Date & Time of Incident

If you wish to file a complaint against a Marseilles Police Officer, Supervisor or Civilian staff member, please fill out the form below. You may fill out your contact information or remain anonymous. If you leave contact information, you will be contacted by a supervisor at a later time. If you choose to remain anonymous, you will not be notified of the outcome of the investigation.

Filing a false complaint is a crime. If you willfully submit false information, you will be subject to criminal prosecution. Please note your internet protocol (IP) address of any online submission is logged.

Do you wish to remain anonymous? Yes, I'd like to remain anonymous. No Last Name First Name Street Number and Name/Unit or Apartment # State/Zip City Secondary Phone Phone Email Best Time to be Contacted ☐ Evenings-Weekday ☐ Afternoons-Weekday ☐ Mornings-Weekday □ Evenings-Weekend ☐ Afternoons-Weekend ☐ Mornings-Weekend Does this complaint involve a specific Marseilles Police Department Officer, Supervisor or Civilian? ☐ Yes ☐ No Marseilles Police Department member's Name & Badge # (if known)



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Please describe the nature of your complaint
By Illinois State Law, this form must be notarized prior to acceptance by the Marseilles Police Department. The person signing this form may come to the Marseilles Police Department and have notarized.
State of Illinois} ss
County of LaSalle}
I,, being first duly sworn on oath, state that I have re
the forgoing complaint and that the statements contained therein are true.
Signature of Complainant
Subscribed and sworn to before me this day of, 20
Notary Public