

College of Lake County Police Department

Internal Affairs Sworn Complaint

l,	of		
(Print Name)	(Address)		
allege that		, a member of the College o	of Lake County Police
		n of the law as described belov	
(Add additional pages if neede	ed)		
Witness Name:			
Witness Phone:			
Witness Address:			
l,		(insert name of Affiant/Com	olainant) under penalties as
		swear, and affirm that the info	rmation set forth in the
		e and correct, except as to any	
		her understand that I am filing a ion can constitute an offense th	-
•		nat I certify the same to be true	
Signature:			
Affiant/Complainar		Date	
SWORN and SUBSCRIBED to b	efore me this	day of	, 20
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