

REQUEST FOR INTERVIEW/STATEMENT/REPORT
CHICAGO POLICE DEPARTMENT

DATE

TO: _____ NAME _____ RANK _____ STAR NO. _____ UNIT _____

SUPERVISOR TO ACCOMPANY ABOVE PERSONNEL YES NO

YOUR APPEARANCE IS REQUIRED

AT **BUREAU OF INTERNAL AFFAIRS** 3510 S. Michigan Ave.
PAX 0610 Bell 745-6310 **CIVILIAN OFFICE OF POLICE ACCOUNTABILITY**
1615 West Chicago Ave. - 4th Floor
PAX 0114 Bell 746-3594

ON - DATE _____ TIME _____

AS ACCUSED WITNESS COMPLAINANT

FOR STATEMENT SUBMISSION OF A TO-FROM-SUBJECT REPORT

CONCERNING - NATURE OF COMPLAINT _____

REFERENCE - DATE _____ TIME _____ LOCATION _____ RD NO. _____ CB NO. _____ OTHER _____

You are to report to

RANK _____ NAME _____ STAR NO. _____ PAX _____

NOTE: The member MUST notify the investigator of his/her inability to keep this scheduled appointment.

NOTIFICATION MADE TO	UNIT	DATE	TIME
NOTIFICATION MADE BY	UNIT	HOW	
CONFIRMATION OF NOTIFICATION MADE BY	UNIT	DATE	TIME
APPROVED	SIGNATURE OF REQUESTER		

Copy to unit/watch commander: If the requested member is not available due to being on medical, furlough, transfer, etc., YOU will notify B.I.A./C.O.P.A. immediately.

LOG NO. _____
ATTACHMENT NO. _____