

NOTIFICATION RE: AUTOMATED COMPLAINT
CHICAGO POLICE DEPARTMENT

DATE

LOG NO.

- INITIAL NOTIFICATION
- INVESTIGATION UPDATE

REGARDING

- ACCUSED
- REPORTING PARTY
- WITNESS
- VICTIM
- INVESTIGATOR
- IDENTIFIED
- ADDITIONAL IDENTIFIED
- CORRECTED
- DELETED

INSTRUCTIONS: Hand print or type. Prepare one form per person, original only. Complete all boxes if applicable. For CPD members, list name, sex, race, date of birth and complete the CPD member section. Completed form is to be forwarded by the unit commanding officer to Records Section, B.I.A..

NAME - LAST	FIRST	M.I.	SEX/RACE	DATE OF BIRTH
ADDRESS			FLOOR/APT. NO. CITY-STATE	ZIP CODE
				TELEPHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK
CPD MEMBER	STAR NO.	UNIT NO.	EMPLOYEE NO.	<input type="checkbox"/> PAX <input type="checkbox"/> BELL

COMMENTS

APPROVED - UNIT COMMANDING OFFICER	PREPARED BY - SIGNATURE, RANK,	STAR NO.	EMPLOYEE NO.	UNIT NO.
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