

WAIVER OF/REQUEST FOR POLICE BOARD REVIEW OF SUSPENSION

BUREAU OF INTERNAL AFFAIRS/CHICAGO POLICE DEPARTMENT

GIVEN TO ACCUSED BY

DATE

TIME

NAME

STAR NO.

LOG NO.

WAIVER OF POLICE BOARD REVIEW OF SUSPENSION

I accept the following disciplinary action, and I fully understand that in so doing, I waive my right to a Police Board review of the suspension.

Signature _____

REQUEST FOR POLICE BOARD REVIEW OF SUSPENSION

I decline to accept the following disciplinary action:

and I will file for a review of the suspension by the Police Board.

I have been advised and fully understand that I must, within three (3) business days of receiving this form, file a request for a Police Board review of the suspension in person at the Office of the Police Board or file a request by certified mail sent directly to the Office of the Police Board, 30 North LaSalle Street, Suite 1220, Chicago Illinois 60602. The date and time of the postmark of the certified mailing will be the date and time of the filing. I may submit, at the time of the filing or within five (5) business days thereafter a written statement and documentary evidence, if any, indicating to the Police Board the reasons for which I decline to accept the disciplinary action. I further understand that my failure to submit a request within three (3) business days will be a bar to a review of the suspension by the Police Board.

I am aware that the Police Board will review the suspension pursuant to Article IV of the Board's *Rules of Procedure* (available on the Board's website at www.ChicagoPoliceBoard.org).

Signature _____

**PREPARE IN DUPLICATE:
ORIGINAL COPY TO THE ACCUSED MEMBER.
ONE COPY TO THE BUREAU OF INTERNAL AFFAIRS/ CIVILIAN
OFFICE OF POLICE ACCOUNTABILITY, AS APPROPRIATE.**

**NOTE:
AN ACCUSED MEMBER HAS THREE (3) BUSINESS DAYS IN
WHICH TO EXERCISE OR WAIVE HIS RIGHT TO A POLICE
BOARD REVIEW OF SUSPENSION. THE OFFICE OF THE POLICE
BOARD IS OPEN FROM 0830 TO 1630 HOURS, MONDAY
THROUGH FRIDAY, EXCEPT HOLIDAYS.**