

CONSENT TO AUDIO RECORD STATEMENT- CIVILIAN DEPARTMENT MEMBERBUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

NAME OF INTERVIEWEE	EMPLOYEE NUMBER	LOG NUMBER
LOCATION OF STATEMENT	DATE	TIME

TO BE COMPLETED BY INTERVIEWEE

I, _____ have been advised and fully understand that I have the option to have my statement audio recorded by the Bureau of Internal Affairs, Chicago Police Department, freely, voluntarily, without duress, coercion, or promises of any kind. I understand that I can terminate the audio recording of my statement at any time.

CHECK ONE:☐

I hereby authorize _____
PRINT NAME(S) OF INVESTIGATOR(S)
of the Bureau of Internal Affairs, Chicago Police Department to audio record my statement on:
_____ at _____ AM / PM.
DATE TIME

☐

I hereby decline to have my statement audio recorded.

PRINT NAME OF INTERVIEWEE_____
PRINT NAME OF WITNESS_____
SIGNATURE OF INTERVIEWEE_____
SIGNATURE OF WITNESS_____
DATE_____
DATE