

**Medical or Complaint Log Investigation Conflict Certification
Chicago Police Department**

Medical/CL#: _____

I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the victim(s), complainant(s), accused department member(s), witness department member(s), or civilian witness(es).

I further certify that to the best of my knowledge, the resolution of the matter under investigation will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the Director of Human Resources, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective investigation and render unbiased decisions concerning the matter under investigation.

I acknowledge that I must disclose to the Director of Human Resources, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), complainant(s), accused department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under investigation.

Signature

Signature

Investigator

Supervisor

Date

Date