FRATERNAL ORDER OF POLICE CHICAGO LODGE #7

SAFETY COMPLAINT

COMPLAINT #_			
Date Received:		Date of Incident:	
Unit:	Unit Representative:		(Name & Star #)
Unit Phone #:	Complainant:		(Name & Star #)

Nature of Complaint:

Commanding Officer Notified:	(Name, Star, and Unit)	
Date & Time:	(rune, star, and enit)	
Response from Commanding Officer:		
Date Sent To MLAS:		First Meeting Date:

Fax completed form to FOP Chicago Lodge #7 312-733-1367