Southern Illinois University–Carbondale Department of Public Safety

POLICE DEPARTMENT COMPLAINT FORM

COMPLAINANT

Name: ____________________________________

INCIDENT

Incident Date: __________________________

Incident Time: ______________ a.m. or p.m.

AFFIDAVIT, CONTINUED

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Continued? ___ Yes ___ No

Signature of Complainant ________________________________

Date ________________________________

Notary Public

Subscribed and sworn before me this ____ day of ______, 20___ by ________________________________

(Name of Complainant)

_______________________________

Notary Public

Seal

Commission Expires ________________

By signing you acknowledge that it is a violation of Chapter 720, Section 5/26-1(4) of the Illinois Compiled Statutes to knowingly make a false police report. In the event that the report is proven to have knowingly been false, the information may be provided to the State’s Attorney for possible prosecution.

Return completed form to: Director, SIUC Department of Public Safety

705 S. Washington, Building A, Mailcode 6713, Carbondale IL 62901