Southern Illinois University–Carbondale Department of Public Safety

POLICE DEPARTMENT COMPLAINT FORM

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COMPLAINANT

Name: ____________________________________
Street: ____________________________________
City: ______________ State: ____________ Zip: ______
Phone: _________________________________
Email: __________________________________
Date of Birth: ________________________
ID/Driver’s License: ____________________

INCIDENT

Incident Date: __________________________
Incident Time: ___________ a.m. or p.m.
Incident Location: ______________________
Officer(s)/Employee(s) Involved: ________

AFFIDAVIT, DESCRIBING ACT(S) OR OMISSION(S) OF OFFICER(S)/EMPLOYEE(S)
In the State of _____________________, County of ____________________, I, ___________________________, being first duly sworn, and upon my oath hereby state that the following information is true and correct:

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Continued? ___ Yes ___ No

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.

______________________________ _________________________
Signature of Complainant Date

______________________________ _________________________
Police Supervisor Receiving Supervisor Signature
Date: _________________________

Delivered... ___ In Person ___ By Mail ___ Other

Notary Public

Subscribed and sworn before me this _____ day of ________,
20____ by ________________________________
(Name of Complainant)

______________________________
Notary Public

Commission Expires______________

Return completed form to: Director, SIUC Department of Public Safety
705 S. Washington, Building A, Mailcode 6713, Carbondale IL 62901