



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:

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

| | |
|---|---|
| <p>Notary Public Subscribed and sworn before me this ____ day of _____, 20__ by _____ (Name of Complainant) _____ Notary Public Seal Commission Expires _____</p> | <p>Police Supervisor _____ Receiving Supervisor Signature Date: _____ Delivered... ___ In Person ___ By Mail ___ Other</p> |
|---|---|

Return completed form to: Director, SIUC Department of Public Safety
1175 S. Washington, Mailcode 6713, Carbondale IL 62901