### Southern Illinois University–Carbondale Department of Public Safety

#### POLICE DEPARTMENT COMPLAINT FORM

<table>
<thead>
<tr>
<th>COMPLAINANT</th>
<th>INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________</td>
<td>Incident Date: __________________________</td>
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<tr>
<td>Incident Time: ___________ a.m. or p.m.</td>
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</tbody>
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#### 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.*

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

1175 S. Washington, Mailcode 6713, Carbondale IL 62901