



Southern Illinois University-Carbondale Department of Public Safety

POLICE DEPARTMENT COMPLAINT FORM

Page ____ of ____

COMPLAINANT

Name: _____

INCIDENT

Incident Date: _____

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

AFFIDAVIT, CONTINUED _____

Multiple horizontal lines for text entry.

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.