## COMPLAINT FORM

### 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

**Notary Public**  
Subscribed and sworn before me this ___ day of _______, 20__ by __________________________
(Name of Complainant)
_________________________________________ ________________________
Notary Public Commission Expires______

**Police Supervisor**  
_________________________________________ ________________________
Receiving Supervisor Signature Date:

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

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