CASE # SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE POLICE DEPARTMENT COMPLAINT AGAINST DEPARTMENTAL MEMBER DATE OF THIS REPORT NAME OF COMPLAINANT DL# ADDRESS HOME PHONE **CELL PHONE EMPLOYER BUSINESS PHONE** EXTENSION DATE AND TIME OF INCIDENT WHERE INCIDENT OCCURRED NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT, IF KNOWN 2 4 WITNESSES TO INCIDENT PRINT SUMMARY OF INCIDENT FOR WHICH YOU ARE COMPLAINING PLEASE READ BEFORE SIGNING I UNDERSTAND THAT IT IS A VIOLATION OF 720 ILCS 5/26-1 (A)(4) TO WILLFULLY MAKE A FALSE POLICE REPORT. IN THE EVENT THE REPORT IS PROVEN TO BE FALSE, THE INFORMATION MAY BE PROVIDED TO THE STATE'S ATTORNEY FOR PROSECUTION. SIGNATURE OF COMPLAINANT

ID#

TIME

PERSON RECEIVING COMPLAINT

DATE

PLACE TAKEN

AFFIDAVIT

l,	, being first duly sworn upon my oath, do hereby testify as follows:
1. 2. 3.	University Edwardsville Police Department on, 20
	FURTHER AFFIANT SAYETH NOT.
Dated	thisday of, 20
SUBSCI	AFFIANT RIBED AND SWORN to before me thisday of, 20
	BY: Notary Public
	(Notary Seal)

Illinois State Law, Complaint against Police Officers (Public Act 93-0592), requires; "Anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit." This means you must prepare an Affidavit signed by a Notary Public. This document must be the original document, we cannot accept a photocopy document or photocopy signature.