



**CITY OF CARBONDALE, ILLINOIS**

**POLICE COMPLAINT FORM**

**Please print or type.**

**I. COMPLAINING PARTY INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street/Route City State Zip

Local Telephone Number: \_\_\_\_\_

If complaining party is a student, provide permanent home address:

\_\_\_\_\_  
Street/Route City State Zip

**II. DESCRIPTION OF COMPLAINT**

1. Name of Carbondale Police Officer(s) associated with complaint:  
\_\_\_\_\_  
\_\_\_\_\_

2. If name(s) of Carbondale Police Officer(s) complained of is unknown, provide description including sex, race, hair color, eye color, badge number and approximate height, weight and age:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Where did incident complained of occur? \_\_\_\_\_  
\_\_\_\_\_

4. When did incident complained of occur? (both date and time) \_\_\_\_\_  
\_\_\_\_\_

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5. Details of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were you injured in any manner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you sought medical treatment for injuries related to the incident? \_\_\_\_\_

8. If answer to #7 is yes, where and when did you receive medical treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did anyone witness the incident? \_\_\_\_\_

10. If the answer to #9 is yes, list the name(s), address(es) and telephone number(s) of witness(es):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

What do you believe this witness saw or heard? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

What do you believe this witness saw or heard? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF THERE ARE ADDITIONAL WITNESSES, list their names and other information requested above on the reverse side of this page.

11. Are you willing to cooperate with the investigation and possible prosecution of this incident?

\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that all of the statements contained in the Complaint form are true and correct to the best of my knowledge and belief.

Received By: \_\_\_\_\_

**Office of the City Manager**

**Return Completed Police Complaint Form To:**

**City of Carbondale  
Office of the City Manager  
200 South Illinois Avenue  
Post Office Box 2047  
Carbondale, Illinois 62902-2047**

AFFIDAVIT

I, \_\_\_\_\_, being first duly sworn upon my oath, do hereby testify as follows:

1. I am over the age of eighteen years.
2. I filed the attached complaint against police officer with the Carbondale Police Department on \_\_\_\_\_, 20\_\_\_\_.
3. I certify that everything stated in that police complaint is true and accurate to the best of my knowledge.

FURTHER AFFIANT SAYETH NOT.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day 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 a photocopy signature.