



**Division of Public Safety**  
**University of Illinois Police Department**  
**1110 W. Springfield Ave.**  
**Urbana, IL 61801**



## Citizen Complaint

COMPLAINANT INFORMATION					
Name:			Date of Birth:		File #:
Address:		City:	State:	Zip:	Phone:
WITNESS INFORMATION					
Name:		Address:			Phone:
Name:		Address:			Phone:
OFFICER INFORMATION					
Officer #1:		Badge #:	Officer #2:		Badge #:
NATURE OF COMPLAINT					
Location of Incident:			Date:		Time:
<p>The University of Illinois Police Department seeks to hold its officers accountable when they engage in illegal conduct or behavior not consistent with our departmental policies. We take these reports seriously and investigate them to their full extent. Because formal complaints can significantly impact an officer's career and credibility, complainants may be held accountable when they knowingly file a false report that is not made in good faith.</p>					
Complainant's Signature:			Date:		Time:
Accepting Supervisor's Signature			Date:		Time: