



CARBONDALE
All Ways Open

City of Carbondale
Police Department
501 S. Washington Street
Carbondale, Illinois 62901
(618) 457-3200
Carbondalepolice.com

Officer Complaint Form (page 1 of 2)

Complaining Party Information

Name		Address		
Phone		City, State, Zip		
If complaining party is a student, provide permanent home address		City, State, Zip		
Complaint Received:	In Person	By Phone	Online	By Mail

Description of Complaint

Name of Carbondale Police Officer(s) associated with complaint		
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		
Where did incident occur?		
When did incident complained of occur? Date:		Approximate Time:
Were you injured in any manner?	Yes	No
If so, how were you injured?		
Have you sought medical treatment for injuries related to the incident? *A consent to release medical records will be requested if injuries were treated.*	Yes	No
If answer to above question is yes, where and when did you receive medical treatment?		

