



**CARBONDALE**  
All Ways Open

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

**COMPLAINT FORM**

**Complaining Party Information**

Name (Last, First, Middle)	Address
Phone	City, State, Zip
If complaining party is a student, provide permanent home address	City, State, Zip

**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 complained for occur?		
When did incident complained of occur? (Both date and time)		
Details of incident:		

Were you injured in any manner?	Yes	No
If answer to above question is yes, how were you injured?		
Have you sought medical treatment for injuries related to the incident?	Yes	No
If answer to above question is yes, where and when did you receive medical treatment?		
Did anyone witness the incident?	Yes	No
If answer to above question is yes, list the name(s), address(es) and telephone number(s) of witness(es):		
Name	Address	
Phone	City, State, Zip	
What do you believe the witness saw or heard?		
Name	Address	
Phone	City, State, Zip	
What do you believe the witness saw or heard?		
Are you willing to cooperate with the investigation and possible prosecution of this incident?	Yes	No

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.

Return completed complaint form to:  
City of Carbondale  
Office of the City Manager  
PO Box 2047  
Carbondale, Illinois 62902-2047

Received by: \_\_\_\_\_  
Office of the City Manager

STATE OF ILLINOIS            )  
COUNTY OF JACKSON        )

**AFFIDAVIT**

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

1. I am over the age of 18 years.
2. I filed the attached complaint against a 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.

\_\_\_\_\_  
Signature of Manager or Agent

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Free notary services are offered during normal business hours at the police department and at City Hall.

Illinois State Law, Complaint Against Police Officers, 50 ILCS 725/3.8(b), requires “*Anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit. Any complaint, having been supported by a sworn affidavit, and having been found, in total or in part, to contain knowingly false material information, shall be presented to the appropriate State’s Attorney for a determination of prosecution. (Source: P.A. 97-472, eff. 8-22-11.)*”. 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.