



Southwestern Illinois College
 Department of Public Safety
 2500 Carlyle Ave. Room 1240
 Belleville, IL 62221



Citizen Complaint

COMPLAINANT INFORMATION

Name:		Date of Birth:		SSN:	
Address:			City:	State:	Zip: Phone:

WITNESS INFORMATION

Name:	Address:	Phone:
Name:	Address:	Phone:

OFFICER INFORMATION

Officer #1:	Badge #:	Officer #2:	Badge #:
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NATURE OF COMPLAINT

Location of Incident:	Date:	Time:
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The Southwestern Illinois College Department of Public Safety 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 reports that is not made in good faith.

Complainant's Signature:	Date:	Time:
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Accepting Supervisor/OIC Signature:	Date:	Time:
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