Illinois State University Police Complaint Form

718 West College Ave Campus Box 9240 Normal, IL 61790-9240 Telephone: (309)438-8631 Fax: (309)438-3029

Illinois Compiled Statutes, section 720 ILCS 5/26-1, states it is a criminal offense for any person to knowingly furnish false information or to transmit false information to a public officer knowing there are no reasonable grounds that such offense has been committed. Complainant's Name: _____ Date of Birth:_____ Address: Street State Zip Code Phone City Witness Names: Address: Phone: **Officers Involved:** Name ID Name ID **Location/Date/Time of Incident:** Time Location Date

Description of Incident : (Please be speci	/	
	(Use ac	dditional paper if necessar
The facts presented herein are true and facult and the unlawful to make a false police report.		
Complainant Signature:	Date	Time
Parent/Guardian Signature:	Date	Time

STATE OF ILLINOS) ss		
COUNTY OF MCLEAN)		
I,, being	first duly sworn on oath,	state that I have
read the foregoing complaint and that the sta	tements contained thereir	are true.
Signature of Complainant		
Subscribed and sworn to before me this	_day of	, 20
Notary Signature	Seal	
Officer Receiving the Complaint:		
Officers Signature – Badge #	Date	Time