



# URBANA POLICE ACTION CITIZEN COMPLAINT FORM

FORM NUMBER

**Do you have questions regarding this form? Do you need any assistance completing this form?**

**Please contact the Human Relations Office at (217) 384-2466.**

Use this form to file a complaint against an Urbana Police Officer. Please fill it out completely. Forms must be submitted to either the (1) Urbana Police Department (1<sup>st</sup> Floor, Urbana City Building, 400 S. Vine, Urbana, IL 61801) or the (2) Civilian Police Review Board c/o Human Relations Office (2<sup>nd</sup> Floor, Urbana City Building, 400 S. Vine, Urbana, IL 61801). Upon receipt of the signed and completed form, it will be date-stamped and copied. You will then receive a copy of this form.

Upon completion of the investigation, the Chief of Police will send you his written findings. If, at that time, you disagree with the Chief's findings, you **have a right to appeal the decision within thirty (30) calendar days of receiving the notice.** The CPRB will hold an appeals hearing within forty-five (45) working days. You will receive written notice via certified mail of this hearing date at least ten (10) business days prior to the hearing.

Please note: A **voluntary mediation option** is available at *any* point in the complaint process, prior to the final CPRB determination. If you would like more information on voluntary mediation, please contact the Human Relations Office at (217) 384-2466.

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH
MAILING ADDRESS (STREET, CITY, STATE, ZIP)		
HOME PHONE	WORK PHONE	CELL PHONE
INCIDENT CASE NUMBER (IF KNOWN)		INCIDENT DATE/TIME
INCIDENT LOCATION (PLEASE BE AS SPECIFIC AS POSSIBLE)		
OFFICER BADGE NUMBER(S)	OFFICER NAME (S)	OTHER IDENTIFYING INFO (I.E. SQUAD CAR, PHYSICAL DESCRIPTION)
WITNESS NAME (S)	ADDRESS	PHONE NUMBER

**NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL (PLEASE ATTACH MORE SHEETS IF NECESSARY)**

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*By signing this form I hereby swear or affirm that the allegations contained herein are true, to the best of my knowledge. I also acknowledge and understand that that anyone making willfully or intentionally false allegations within the sworn complaint may be subject to prosecution. I also understand that a finding that the complaint is unfounded or not sustained does not necessarily constitute a false statement.*

<b>COMPLAINANT SIGNATURE</b>	<b>DATE</b>
<b>NOTARY SEAL &amp; SIGNATURE (A NOTARY PUBLIC IS AVAILABLE UPON REQUEST)</b>	
State of Illinois County of Champaign Subscribed and sworn to before me this _____ day of _____ . (Month) / (Year) Seal & Signature of Notary _____	

**NOTICE: HARASSMENT, RETALIATION, OR RETRIBUTION FOR FILING A COMPLAINT OR TESTIFYING ON BEHALF OF A COMPLAINANT WILL NOT BE TOLERATED. IF YOU BELIEVE THAT YOU ARE THE SUBJECT OF HARASSMENT, RETALIATION OR RETRIBUTION AS A RESULT OF THE COMPLAINT PROCESS, PLEASE CONTACT THE HUMAN RELATIONS OFFICER FOR APPROPRIATE INVESTIGATION AND FOLLOW-UP.**

**NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL (EXTRA SHEET)**

**NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL (EXTRA SHEET)**