Submit by Email | Print Form

Columbia Police Department Complaint Against Department Member	**CFS Number**	**Date of this Report**
Name of Complainant (Please Print).	**Date of Birth**	**Social Security No.**
Address		**Home Phone**
Employer		**Business Phone**
Date and Time of Incident	**Address Where Incident Occurred**	
Name of Person(s) You Are Complaining About, If Known. **1.** **2.** **3.**		
Have You Reported This To Anyone Previously? ☐ **Yes** ☐ **No**	**If So, Whom:**	**Date**

Persons Who Actually Saw Event (Including Self)

Name	Address	Phone No.
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	
	Home	
	Business	

Print Summary of Occurrence of Which You Are Complaining:

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Continuation of Summary:

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Complainant's Signature

Please Read Before Signing

☐ I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.

☐ I also understand that it is a violation of 720 ILCS 5/26-1(a)(4) to willfully make a false report. In the event the report is proven to be false, the information may be provided to the State's Attorney for possible prosecution.

☐ The complainant in this matter is either unknown, unable, or is unwilling to swear out the affidavit. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.

RECEIPT ACKNOWLEDGED	
SUPERVISOR	
DEPUTY CHIEF OF POLICE	
CHIEF OF POLICE	