



AURORA UNIVERSITY CAMPUS PUBLIC SAFETY
POLICE DEPARTMENT
COMPLAINT FORM

Please take a moment to complete the following information, which will be needed in reviewing the facts surrounding your complaint. Please include as much detail as possible. PLEASE PRINT EXCEPT FOR SIGNATURE

Complainant's Information:

Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home/Cellphone Number: _____

Affiliation with Aurora University:

Student Faculty Staff Visitor Other: _____

Witness Information:

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

Officer(s)/Employee(s) Involved: (if known)

1) Name: _____ ID# _____
 2) Name: _____ ID# _____

I wish to make a formal complaint regarding the conduct or actions of the above officer/employee(s) as a result of an incident which occurred:

DATE: _____ ***TIME:*** _____ ***LOCATION:*** _____

Please explain in detail what happened and include the specific behaviors of the involved employee(s) which you feel were improper.

Description of Incident (Please be Specific)

(Use additional paper if necessary)

Supporting Documentation (If available)

Photos Videos Other (please specify):

You have the right to make a complaint against any employee for improper conduct. The Aurora University Campus Public Department will conduct a thorough investigation and you will be notified of the outcome of the investigation. If allegations against the officer / employee(s) are sustained, the Aurora University CPS Department cannot release to you details of disciplinary action taken. The investigation may also conclude that the officer / employee(s) acted properly or that there is not enough information to prove or disprove the allegations. I understand that this statement of complaint will be submitted to the Aurora University CPS Department and will serve as a basis for an internal investigation.

I affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding if necessary.

Complainant Signature: _____ **Date:** _____

Received by (Public Safety Department Staff): _____ **Date:** _____