



Citizen Complaint Form

Alleged Misconduct by an Urbana Police Officer

Directions and Information

Directions

Please fill out this form to file an official complaint against an Urbana Police Officer. In order to file this complaint, you need to have been physically present when and where the alleged misconduct occurred. With some exceptions, the incident must have occurred within the past 45 working days.

If you do not know the answer to a particular field, you may leave it blank. This form should be submitted to:

City of Urbana, Human Relations Officer
400 S Vine St. Urbana, IL 61801
HRO@urbanaininois.us | (217) 384-2466

For assistance completing this form, call (217) 384-2466.

How Does the Process Work?

First complete this form and email, mail or hand deliver it to the Human Relations Officer.

After you submit this form, an investigation will begin. If the review is longer than 45 days, you will receive periodic updates. After the investigation is complete, the Police Chief will write a report. If you disagree with the findings of the report, you may appeal to the Civilian Police Review Board (CPRB).

For more information about the complaint process, including investigation timelines, deadline to appeal and appeal form, please visit [the CPRB website](#).

As an alternative, voluntary mediation is available at any time.

Personal Information

Name (First and Last):	
Home Address:	
Phone Number:	Email:
Optional (for demographic statistic purposes only)	
Age:	Gender:
Ethnicity:	Years Resident:

Incident Information

Identifying Information
Location (as specific as possible):

Date:	Time:	
Officer Information (to the extent known)		
Name:	Badge #:	Other:
Name:	Badge #:	Other:
Name:	Badge #:	Other:
Additional Witnesses Present		
Name:	Contact:	Relationship:
Name:	Contact:	Relationship:

Narrative – Please describe the incident in detail (you may attach additional sheets if necessary)

Affirmations and Disclosures

City of Urbana Anti-Retaliation Statement:

The Police Department may not and will not retaliate if you make a complaint. If you believe that you being retaliated against, contact the Human Relations Officer immediately.

Affirmation of Truth by Citizen: You legally swear that this report is true

By signing this complaint, I hereby swear and attest, under penalties for perjury, that the allegations contained herein are true and correct to the best of my knowledge and that they are based on my having been physically present at the location where and when the incident alleged herein occurred. I also acknowledge and understand that if I make a knowing or intentional false allegation in this complaint, I may be subject to prosecution to the fullest extent permitted by law. I further understand that if my complaint is determined to be unfounded or not sustainable, such finding does not necessarily mean that I have made a false statement.

Signature

Date

Office only

Complaint Number:

Date Received: