



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 (1st Floor, Urbana City Building, 400 S. Vine, Urbana, IL 61801) or the (2) Civilian Police Review Board c/o Human Relations Office (2nd 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
HOME 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

