



Sheriff Mearl J. Justus

St. Clair County Sheriff's Department

CITIZEN COMPLAINT STATEMENT



NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

LOCATION OF INCIDENT: _____

DATE AND TIME OF INCIDENT: _____

SUMMARY OF INCIDENT: _____

CONTINUE ON REAR, IF NECESSARY

The St. Clair County Sheriff's Department recognizes the need for the filing of legitimate complaints against officers as a means by which we can be held accountable to the public; however, the department will also seek to hold members of the community responsible for the filing of false allegations against the police. In keeping with State law (50 ILCS 725/3.8) "anyone filing a complaint against a sworn peace officer must have the complaint supported by a sworn affidavit"

Signature: _____
Date/time: _____

This sworn affidavit was signed in front of me,
being a certified notary: _____
Date/time: _____
Notary stamp:

PLEASE RETURN THIS ORIGINAL FORM WITH
SIGNATURE TO:
ST. CLAIR COUNTY SHERIFF'S DEPARTMENT
CHIEF INVESTIGATOR
700 NORTH 5TH STREET, BELLEVILLE, IL 62220