

University of Illinois at Chicago Police Department

943 West Maxwell St. Chicago, Illinois 60608 (312)996-2830

Sworn Affidavit

I, (PRINT NAME), upon being duly sworn on oath, attest that a member of the			
University of Illinois at Chicago Police Department committed an act of misconduct/violation of the law as				
described below:				
☐ To the best of my knowledge and belief, I swear (or correct.	affirm) that the statements in this document are true and/or			
	OR			
	affirm) that the statements in this document are true and/or			
correct as verbally related to me by the complainan				
l,behalf.	(PRINT NAME), am making this complaint on his/her			
ochur.				
sworn peace officer must have the complaint supported	Act (50 ILCS 725/3.8), "Anyone filling a complaint against a by a sworn affidavit." I further understand that I am filing an se or untrue information can constitute an offense that can			
Print Complainant's Name	Complainant's Address / Phone Number			
Complainant's Signature	Date Signed			
Complaniant's Signature	Date Signed			
State of Illinois				
County of Cook				
Signed and sworn (or affirmed) to before me on _	(DATE) by			
	(NAME/S OF PERSON/S MAKING STATEMENT).			
	(Signature of Notary Public)			

Page ___ of ___ CC# ____



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Citizen Complaint Narrative Continuation Sheet

Page	$\circ f$	CC#	