

: (67(51 ,//,12,6 81,9(56,7< 32/,& ('(3\$570(17
& 203/\$,17 \$//(*\$7,21)250

7KL&/RPSODLQW \$OOHJDWLRQ)RUP VKRXOG EH XVHG WR
PLVFRQ&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH
SURFHG&XIRK\G EH PDGH LQ ZULWLQJ WR 'LUHFWRU
'LVDJUHHRPYHQWWKH PHULWV RI DQ DUUVW FLWDWLRQ RU
&RPSODLQW \$OOHJDWLRQ SURFHVV XQOHVV HPSOR\HH PLV

3OH\WRYLGH DV PXFK LQIRUPDWLRQ DV SRVVLEOH LQF
UHSRUW\FLGHQW WLFNHW QXPEHUV EDGJH RU FDU QXPEH
\RXDUH FRPSODLQLQJ DERXW DQG ZKDW \RX ZRXOG OLNH W
DV QHHGW\HV,SMFLDOO\ LPSRUWDQW WKDW \RX SURYLGH XV
FDQH FRQWDFWHG 'HSHQGLQJ RQ WSKUHR\FLG\HGP\W\Q\QFDHVE\I Q
DJDLQ IRU DGGLWLRQDO LQIRUPDWLRQ

2QF\RXU FRPSODLQW IRUP LV FRPSOHWHG \RX PD\ PDL
LQ SHUVRQ 2XU DGGUHVW LV

Western Illinois University
Office of Public Safety
Mowbray Hall
One University Circle
Macomb, IL 61455

* HQHUBRPSODLQW LQYHVWLJDWLRQV DUH FRQFOXGHG Z
WKW\WPH EHFDXVH RI H[WHQXDWLQJ FLUFXPVWDQFH V ,I DQ

Statement of:

Name: _____

Address: _____

DOB: _____

Phones: _____

Best time to be contacted:
_____**Please Check Appropriate Boxes:**

Statement giver is:

 Aggrieved party Witness to Incident

tm

What would you like to see happen as the result of your complaint?

/ D V W D K H ' H S D U W P H Q W L V U H T X L U H G E \ , O O L Q R L V / D Z > , / & W U D Q D P D W V H U H S R U W Z L W K R X W P p 0 1 % ! ß B ^ \$ D ð @ ` p ð Á ð W K H ' H S D U W P