



Lebanon Police Department

Complaint Against Police Personnel

COMPLAINT AGAINST POLICE PERSONNEL FORM

COMPLAINANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone:

E-mail:

Cell phone:

INCIDENT INFORMATION

Date of Incident:

Incident Location:

Incident Time:

Witness:

Witness:

Witness:

Name of Officer or Employee:

STATEMENT OF ALLEGATION

SIGNATURES

I authorize the verification of the information provided on this form. I understand that this complaint will be investigated and if this complaint is false, I may be subject to civil and/or criminal action.

Signature of
Complainant:

Date: