



# 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: