



**CITY OF LAKEPORT
POLICE DEPARTMENT**
Citizen's Complaint

RECEIVED BY:
DATE RECEIVED:
REPORT #:
DATE REPORT FILED:

INCIDENT DATE: _____ TIME: _____

INCIDENT LOCATION: _____

OFFICER(S)/EMPLOYEE(S) INVOLVED: _____

WITNESSES / OTHERS INVOLVED:

NAME: _____ CONTACT INFO: _____

NAME: _____ CONTACT INFO: _____

NAME: _____ CONTACT INFO: _____

SPECIFIC TYPE OF ALLEGATION(S):

(Describe the incident in detail on attached pages)

- Unprofessional conduct Unreasonable use of force Property damage or loss
 Discrimination Dishonesty False detention or arrest
 Other (describe): _____

INSTRUCTIONS: Complete, sign and return this form and attach a statement describing the details of the incident to the Lakeport Police Department at 2025 South Main Street, Lakeport CA 95453. A complete investigation of your complaint will be conducted by the Chief or another police supervisor. The final decision regarding the complaint will be sent to you by mail. Please refer to the LPD "Citizen's Complaint Instructions and Policy" printout for more information about complaint procedures and options.

CONTACT INFORMATION AND CERTIFICATION (Required):

NAME (Print): _____ TELEPHONE: _____

MAILING ADDRESS: _____

With my signature I hereby certify that my description of this incident as submitted is true, accurate and complete. I understand I am submitting a formal complaint and I agree to be interviewed and to cooperate with LPD personnel assigned to investigate this report.

SIGNED: _____ DATE: _____

