

**LAWRENCE KANSAS POLICE DEPARTMENT
FORMAL COMPLAINT OF OFFICER(S) CONDUCT**

Date: _____

Your Name: _____ Phone No: _____

Your Address: _____

Incident Occurred: Date: _____ Time: _____ a.m. p.m.

Location: _____

Name of Officer(s) involved: _____

Were you arrested? Yes No

Charge(s): _____

Court Date: _____

| Witness(es): Name | Address | Phone |
|-------------------|---------|-------|
|-------------------|---------|-------|

(Any complaint involving a criminal or traffic offense where you have been cited into court cannot be investigated until the offense has been resolved through the court system.)

Brief statement of what happened:

(Add additional pages to this complaint if necessary.)

Are you willing to testify at a hearing if needed? Yes No

The undersigned hereby affirms that the above is true and correct.

Printed Name

Signature

Send or bring signed form to the Office of Professional Accountability at 111 East 11th Street, Lawrence, Kansas 66044.