



# Lena Police Department Citizen Complaint

It is the policy of the Lena Police Department to thoroughly investigate complaints concerning employees or any of the office's policies and procedures. The office strives to complete all investigations within forty-five (45) days of receiving the complaint. Complaints more complex in nature may require additional time to complete the investigation. At the completion of the investigation, you will be notified of the disposition.

- Form completed by the reporting person
- Form completed by a supervisor on behalf of the reporting person

Date of the incident: \_\_\_\_\_ Time of the incident: \_\_\_\_\_  
 Name of reporting person: \_\_\_\_\_  
 Location of the incident: \_\_\_\_\_  
 Name of employees involved: \_\_\_\_\_

Witness number 1, if available and is optional

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Full address (city/state/zip): \_\_\_\_\_ DOB: \_\_\_\_\_

Witness number 2, if available and is optional

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Full address:(city/state/zip): \_\_\_\_\_ DOB: \_\_\_\_\_

Narrative: Describe the incident in as much detail as possible. You may list additional witness information at the end of the narrative. If more space is needed, go to page two.

Completion of below is optional

Reporting person (optional): \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Full address (city/state/zip)(optional): \_\_\_\_\_

Signature of in-taking supervisor: \_\_\_\_\_ Badge#: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the completed form was provided to the citizen (check one): \_\_\_Yes \_\_\_No

If no, explain: \_\_\_\_\_

Narrative continued from page one

Large empty rectangular box for narrative content.

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_