CONFIDENTIAL

LANSING POLICE DEPARTMENT Report of Complaint Against Police Personnel



Complaint #:	

Directions: After completion of the form, place it in a sealed envelope and drop it off at the police department Mon-Fri, 8am-5pm, or mail to: Lansing Police Department, ATTN: Captain, 800 1st Terrace, Lansing, KS 66043.

Complainant Information (If this is an anonymous complaint, do not complete this section)					
Name (F, M, L):		DOB:			
Address:	City:	State:	Zip:		
Home Ph:	Cell:	Email:			
Do you want to be con	acted by the investigator assigned	to this complaint?	Yes No		
Date/Time of Incident:	Incident Information				
Location of Incident:					
Employee(s) Involved:					
Incident Description (Describe the incident in as much detail as possible)					
,		• •			
Signature of Complai	nant	D	Pate Signed		
	· · · · · · · · · · · · · · · · · · ·				
Printed Name of Complainant					

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Complaint #:

	(Continuation Page)	
Signature of Complainant		Pate Signed
Signature of Complainant	_	Signor

Printed Name of Complainant