

**LAWRENCE KANSAS POLICE DEPARTMENT
OFFICE OF PROFESSIONAL ACCOUNTABILITY
FORMAL COMPLAINT OF EMPLOYEE CONDUCT (EXTERNAL)**

Date: _____ Time: _____

Complainant Information

Name: _____

Home Phone #: _____ Work/email/other contact #: _____

Address: _____

Incident Information

Date: _____ Time: _____ Location: _____

Type of Complaint: _____

Employee(s) involved: _____

Witness information: _____

(Name, phone number, and address)

Were you arrested or cited? Yes No

Charge(s): _____

Court Date: _____ Please list any injuries: _____

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

Summary details of the incident and complaint:

(Add additional pages to this form as necessary)

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

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

Signature: _____ Date: _____

(If not completing in person, please bring or send form to the Office of Professional Accountability at: 4820 Bob Billings Parkway, Lawrence, KS 66049.)

Employee accepting complaint: _____ Date: _____ Time: _____