

LAWRENCE POLICE DEPARTMENT  
FORMAL COMPLAINT OF OFFICER(S) CONDUCT

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Address: \_\_\_\_\_

Incident Occurred: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location \_\_\_\_\_

Name of Officer(s) involved: \_\_\_\_\_

Were you arrested? Yes No

Charge(s): \_\_\_\_\_

Court Date: \_\_\_\_\_

Witnesses:	Name	Address	Phone
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**(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:

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**(Add additional pages to this complaint if necessary)**

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

Are you willing to submit to a polygraph test on this matter if needed? Yes NO

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Send or bring signed form to Internal Affairs at 111 East 11<sup>th</sup> St.,  
Lawrence, KS 66044.