Lincoln Police Department

COMPLAINT INTAKE

**You have the right to remain anonymous. Consider providing some information for an investigator to contact you for follow-up questions.*

DEPARTMENT USE ONLY
PSU CASE NUMBER

COMPLAINANT

NAME	DOB	AGE

HOME ADDRESS	CITY	STATE	ZIP

BUSINESS ADDRESS	CITY	STATE	ZIP

TELEPHONE NUMBER #1	TELEPHONE NUMBER #2	EMAIL ADDRESS

INVOLVED EMPLOYEE

NAME	RANK	BADGE

UNIFORM TYPE	VEHICLE DESCRIPTION	VEHICLE NUMBER

INCIDENT DETAILS

INCIDENT DATE	INCIDENT TIME	LOCATION (ADDRESS OR INTERSECTION)

SUMMARY OF INCIDENT: *Provide witnesses, locations, addresses, businesses, available photos and video, etc.*

☐ *I have attached _____ more pages to this form.*

YOUR RIGHTS

You have the right to make a complaint against an employee for improper conduct. California law requires this agency to have a procedure to investigate personnel complaints, provide written description of this procedure, and retain complaints for at least five years.

I have read and understand these rights. Signature: _____

DEPARTMENT USE ONLY

ACCEPTING EMPLOYEE NAME AND BADGE NUMBER	ACCEPTING SUPERVISOR NAME AND BADGE NUMBER	DATE AND TIME

Completed complaint forms can also be emailed to LPDPSU@lincolnca.gov

Summary Continued:

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