Lincoln University Department of Public Safety
Citizen Complaint Form

My Name is _____
First Middle Last

I live at _____
Street City State Zip code

My Home Phone is (___)_____ I can be contacted _____ am/pm and _____ am/pm

I can be reached at work, phone is (___)_____ ext. _____ at _____ am/pm

My age is _____ years.

I want to complain about Badge #
Officer
Car _____

On the day of _____ at _____
Date Location

At about _____ am / pm, they _____
Time

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(attach additional sheets if necessary)

I understand, and it is my desire, that this complaint will be investigated diligently. I further understand that if the investigation proves these allegations to be false, I may be liable to both criminal and civil prosecution. I also understand that in some cases I may be asked to submit to a polygraph examination as a part of this investigation.

_____ _____
Date Signature

_____
Signature of Parent / Guardian
(If complaint is from individual under 18 yrs)

Revised Feb. 2004