Lincoln University Police Department Citizen Complaint Form

My Name is					
First		Middle		Last	
I live at					
I live at Street		City	State	Zip coo	le
My Home Phone is ()		I can be contacted from the hours of		hours of	to
I can be reached at work, pł	none is ()		ext	_at	_
My age isyears	δ.				
I want to complain about	Badge ≉ Officer Car				
On the day of		at			
On the day of			Location	n	
At about Time		, 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