

LEXINGTON POLICE DEPARTMENT COMPLAINT QUESTIONNAIRE

Person with Complaint: _____ Your Name, if Different: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

NATURE OF COMPLAINT: Describe in your own words everything you consider necessary for this matter to be completely investigated. Please include the name(s) of any Department employee involved in your complaint. Use the backside of this sheet if necessary:

WITNESSES: Please provide names, addresses and phone numbers if available.

WILLINGNESS TO TESTIFY: In most cases, disciplinary hearings are not required. In the event that my oral testimony is needed, I am:

(Check one) Willing to testify at a hearing: YES NO / Unwilling to testify at a hearing: YES NO

AFFIRMATION: To the best of my knowledge, the above statements are true and accurate. I understand that any false, misleading or untrue statements, accusations or allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal prosecution. Including this page, there are _____ page(s) to this questionnaire.

Complainant's Signature: _____ Date: _____ Time: _____

Signature of Receiving Officer: _____ Date: _____ Time: _____



Town of Lexington
Police Department
Chief Michael A McLean

NATURE OF COMPLAINT (continued from page 1): Describe in your own words everything you consider necessary for this matter to be completely investigated. Please include the name(s) of any Department employee involved in your complaint.
