

LAWTON POLICE DEPARTMENT COMPLAINT FORM

Date Reported:	Time Reported:
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How Reported:	Written	Unwritten	Telephone	In Person
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Citizen's Name:	Social:
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Address:	City:	State:
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Age:	Sex:	Race:	EMPLOYER:
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Home Phone:	Work Phone:	Hours Worked:
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WITNESSES:

Name:	Address:	Phone:
1.		
2.		
3.		

EMPLOYEE(S) NAMED IN COMPLAINT (IF KNOWN):

Name:	Badge Number:	Shift Hours:
Division:	Team Assignment:	Supervisor:

Name:	Badge Number:	Shift Hours:
Division:	Team Assignment:	Supervisor:

OCCURRENCE:

Date:	Time:	Location:
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NATURE OF COMPLAINT:

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Supervisor Completing Complaint Form: (Signature)

	Citizen was given and advised to prepare Citizen Complaint Statement Report.
	Citizen was advised to pick up Citizen Complaint Statement Report or Download from Website.
	Citizen acknowledge ability to download from Lawton Police Department Website.
	Citizen was advised a Citizen Complaint Statement Report would be mailed.

DISTRIBUTION:

Chief	Division Commander	Shift Commander	Immediate Supervisor
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The original form must be submitted to the Chief of Police by 0800 hours of the following workday, after receiving the complaint.

RECEIVED BY:

Chief of Police:	_____	Date:	_____	Time:	_____
Investigating Supervisor:	_____	Date:	_____	Time:	_____