

LORAIN POLICE DEPARTMENT COMPLAINT FORM



Name & Address of Complainant:

Home/Cellular Phone Number: _____

Work Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Name and Phone Number of any witness

Name(s) of Employee(s) you wish to file complaint against (if known).

DEPARTMENT USE ONLY

Allegation of Misconduct _____

Inquiry _____

Complaint received by: _____

Date received: _____

Method received: From Complainant ____ US Mail ____ Records ____ E-mail ____

