## LORAIN POLICE DEPARTMENT COMPLAINT FORM

Name & Address of Complainant:	POLICE
	_
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 comp	plaint against (if known).
DEPARTMEN'	Γ USE ONLY
Allegation of Misconduct	Inquiry
Complaint received by:	
Date received:	
Method received: From Complainant I	IS Mail Pacords F mail

## **COMPLAINANT STATEMENT**

Date Incident Occurred	d:	-
Location of Incident:_		-
Incident # (If known):_		
	NATURE OF THE ALLEGATION (What it is the emplo	=
	(use additional sheets if necessary)	
Signature:	Date:	
If under age 18, signature of parent or guardian:		