

Lincoln Police Department

575 South 10th Street

Lincoln, NE 68508

402-441-7222



Complaint Statement

Last Name: _____ First Name: _____ MI: _____

Address: _____

Home Phone: _____ Cell: _____ Other: _____

Date and Time of Incident: _____

Location of Incident: _____

Case Number or Citation Number (if known): _____

Officer(s) Name(s) (if known): _____

Witness Name(s) (if known): _____

Upon completing this form (both sides) please mail or deliver it to:

Lincoln Police Department
Attn: Professional Standards
575 South 10th Street Lincoln,
NE 68508

Summary of Incident (use additional pages if needed):

I hereby declare the facts herein reported by me are true and correct to the best of my knowledge.

Signature: _____ Date: _____