



# LEWES POLICE DEPARTMENT CITIZEN COMPLAINT FORM

Complainant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**(Optional Information to be given by Complainant only:)**

Race or Color	_____ Black	_____ White	_____ Other
Sex	_____ Male	_____ Female	
Age	_____	National Origin	_____
Religion	_____	Creed	_____

Complainant's Address: \_\_\_\_\_  
Street Address City State

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Officer / Employee: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Witness: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

Witness: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

Nature of Complaint: (To be completed by complainant, however if necessary the officer will complete the form, read it back to the complainant and both will sign)

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(See page 3 for continuation)