

CONFIDENTIAL
CITIZEN POLICE ADVISORY BOARD COMPLAINT

Case # _____

Filing Date: _____

Please fill out as completely as possible. If any assistance is needed, please ask the Mayor's Assistant for help.

NOTICE: If based on a particular event, this complaint must be filed **within 45 days of the event**. Except in limited circumstances, the complaint form must be filed **in person in the Mayor's Office** located in the County-City Building at 555 South 10th Street, Room 301, Lincoln, NE 68508. If your situation makes it impossible or extremely difficult to file the complaint in person, please call 402-441-7511 to explain. If you are unable to complete the complaint form and/or need assistance in doing so, please call 402-441-7511 to advise the Mayor's Office of your needs and request assistance in completing the form.

Please enter responses below:

1. Name of Complainant: _____

If applicable, name and title of agent or representative filing complaint:

2. Address of Complainant: _____

3. Phone number of Complainant: Home/Cell: _____ Work: _____

4. I wish to make the following complaint:

Complaint regarding police procedure

Complaint regarding police officer(s)

5. Name(s) of police officer(s) involved and badge numbers, if known:

Name: _____ Badge Number: _____

6. Date of incident: _____

7. Where did the incident occur?

8. Were there witnesses to this incident? Yes No

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

9. Below is a space for you to describe the police misconduct that occurred. If any of the types of conduct do not apply to your situation, please leave those sections blank. For each applicable type of misconduct, please provide **a detailed explanation of the facts related to your complaint, including what happened that constituted misconduct.** If you need extra space to answer any of the questions on this form, please use extra sheets of paper and note your responses with the question numbers they refer to.

A. Use of excessive force

B. Abuse of authority

C. Extreme discourtesy

D. Complaints of a general nature concerning the policies and procedures of the Lincoln Police Department

E. Other

10. Was anyone injured as a result of this incident? Yes No

If yes, who was injured and what were their injuries?

Was medical treatment sought? Yes No

If yes, what treatment was received and who provided the treatment?

11. Were you or any other person(s) arrested or issued a citation as a result of this incident?

Yes No

If yes, who was arrested and what was the charge?

What is the case or citation number, if known?

What court action has been taken or is pending?

12. Is a criminal or civil action pending against anyone as a result of this incident?

Yes No

If yes, what is the legal action, and who is it against?

13. What would you like to have happen as a result of filing this complaint with the CPAB? In other words, what would resolve this matter for you?

14. Are you in need of a reasonable accommodation (including the use of an interpreter) in order to participate in the investigatory process? In the event you indicate that you are in need of an accommodation, the Mayor's Office will contact to you.

Yes No

Signature of Complainant(s)

If organization, attach proof of authorization for filing the complaint

A representative of CPAB will contact you within 30 working days after the date of filing. If you wish to withdraw your complaint, you must notify the Mayor's Office in writing. Please be advised that to the extent provided by law, all proceedings of the CPAB are confidential, **EXCEPT THAT** the CPAB must report criminal conduct to the proper authorities.

WAIVER

I understand that the Citizen Police Advisory Board is attempting to resolve the issues raised in my complaint by meeting with me and the police officer(s) involved.

I understand that to the extent permitted by law, all matters relating to the investigation and review of this complaint by the CPAB will remain confidential and that no statements, exhibits, or reports made or used by any witness, party or CPAB board member during any formal or informal meeting or at any stage in the CPAB investigation may be used in any court or administrative forum, whether civil or criminal, **EXCEPT THAT I** acknowledge that I understand the CPAB must report criminal conduct to the proper authority.

I understand that I have a duty to notify the Mayor's Office immediately upon learning that any civil or criminal action relating to the matters described in this complaint have been instituted.

I am signing this waiver knowingly, freely and voluntarily and understand it applies to the use of all statements and documents.

Complainant _____ Date _____

Witness _____ Date _____

Date Filed with Mayor's Office _____