

**LAWRENCE KANSAS POLICE DEPARTMENT  
OFFICE OF PROFESSIONAL ACCOUNTABILITY  
FORMAL COMPLAINT OF EMPLOYEE CONDUCT (EXTERNAL)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Complainant Information**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/email/other contact #: \_\_\_\_\_

Address: \_\_\_\_\_

**Incident Information**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Complaint: \_\_\_\_\_

Employee(s) involved: \_\_\_\_\_

Witness information: \_\_\_\_\_

*(Name, phone number, and address)*

Were you arrested or cited?

Yes

☐

No

☐

Charge(s): \_\_\_\_\_

Court Date: \_\_\_\_\_ Please list any injuries: \_\_\_\_\_

*(Any complaint involving a criminal or traffic offense where you have been cited into court will not normally be investigated until the offense has been resolved through the court system.)*

Summary details of the incident and complaint:

---

---

---

---

---

---

*(Add additional pages to this form as necessary)*

Are you willing to testify at a hearing if needed? ☐ Yes ☐ No

The undersigned hereby affirms that the above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If not completing in person, please bring or send form to the Office of Professional Accountability at: 4820 Bob Billings Parkway, Lawrence, KS 66049.)*

Employee accepting complaint: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_