APPENDIX #1:

Lisbon Police Department
COMPLAINTS AGAINST LAW ENFORCEMENT AGENCY PERSONNEL

HOW TO MAKE A COMPLAINT:

1. If you wish to make a complaint about the actions of a police officer or any aspect of police operations, please:

   A. Come to the department and tell any employee that you want to make a complaint; or

   B. Call the department or the town manager's office and tell the person answering the phone that you want to make a complaint; or

   C. Write your complaint and mail it to:

Chief of Police
Lisbon Police Department
300 Lisbon Street, Lisbon, ME 04250

2. A supervisory officer will assist you in filling out a report of the "Police/Citizen Complaint" Form. This form asks you to identify yourself and then to give specific details about your complaint.

3. Your complaint will then be investigated. You may be contacted and asked for additional questions about your complaint.

4. If it is going to take a long time to investigate your complaint, you will receive a letter telling you approximately when you may expect a reply.

5. When your complaint has been investigated, the Chief of Police will review the investigation and will write you a letter explaining what has been found out about the matter.

Appendix #2

Lisbon Police Department
COMPLAINTS AGAINST LAW ENFORCEMENT AGENCY PERSONNEL

CERTIFICATE TO BE COMPLETED IN THE EVENT OF REFUSAL TO SIGN FORM

I, _____(**Name and Rank)**, hereby certify this form was presented to _____ _____(**Name and Rank),** on this date, in connection with the above-referenced investigation, that the contents of the form were made known to him/her, and that failure to sign the form is grounds for disciplinary action, including dismissal from employment.

Said, _____ refused, in my presence, to sign this form.

Name

_____ _____

Employee Signature/Date **Employee Signature/Date**

Appendix #3

LISBON POLICE DEPARTMENT
Chief of Police
300 Lisbon Street, Lisbon, ME 04250

POLICE / CITIZEN COMPLAINT FORM

Member's Name:	**Control Number:**

Complainant's Name:	**Home Address:**	**Home Telephone:**
Witnesses / Other Complainants:	**Home Address:**	**Home Telephone:**
Date / Time of Incident:	**Location of Incident:**	
Details of the Complaint:		

Name of the Person Assisting:	**Signature of the Complainant:**
Reason for Assistance:	**Date and Time:**

AFFIRMATION

I, _____, do hereby affirm that the foregoing information provided by me is true and correct to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations made by me, either orally or in writing to any person (s) investigating this complaint may subject me to civil and/or criminal prosecution

I realize that it may become necessary during the investigation of this complaint for me to meet with representatives of the Lisbon Police Department to discuss this complaint, either in the presence or absence of the accused department member (s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative proceeding because of my complaint, my testimony before these hearings may be required. I agree to make myself available as a witness before either of the aforesaid bodies, upon request by the Chief of Police.

Signed, _____ this _____ day of _____20_____in the Town of Lisbon, State of Maine.

Witness, _____ Witness, _____

COMPLAINT RECEIPT

The Lisbon Police Department hereby acknowledges the receipt of a complaint filed against one of its members on

_____ by _____

(Date) **(Department Member's Name)**

Of _____, _____
(Street and Number) **(City, State, and Zip Code)**

Your complaint will be brought to the attention of the Chief of Police. He/she will assign a special investigator to gather all of the facts. Once the investigator has filed his/her report, it will be carefully reviewed by senior police officials and the Chief of Police, and final disposition will be made. A representative of the police department will notify you as to the final disposition of your complaint, usually within thirty (30) days from the date shown below.

_____ 20____ _____
(Date) **(Signature of Department Representative)**

TO BE COMPLETED BY THE DEPARTMENTAL MEMBER RECEIVING COMPLAINT

Accepting Department Member:	Date Received:	Forwarded To:	Date:

TO BE COMPLETED BY THE INVESTIGATING OFFICER

Date Investigation Initiated:	Date Investigation Terminated:	Date of Final Report:

INVESTIGATOR'S FINAL DETERMINATION (Check One)

□ **Unfounded** □ **Exonerated** □ **Not Sustained** □ **Sustained**

Investigator's Signature:	Date and Time:

TO BE COMPLETED BY THE CHIEF OF POLICE

Chief's Final Determination: (Please Check One)

□ **Unfounded** □ **Exonerated** □ **Not Sustained** □ **Sustained**

Final Disposition: (Please Check One)

□ **No Action Taken**
□ **Oral Reprimand**
□ **Transfer**
□ **Suspension**
□ **Reduction**
□ **Dismissal**
□ **Days**
□ **Pay**
□ **Rank**

Comments: _____

_____

_____

_____

_____

_____

_____

Complainant Notified of the Disposition by: _____

Date & Time: _____

Member(s) Notified of the Disposition by: _____

Date & Time: _____

Signature: _____

Date Filed in Personnel File: _____