



**Details of the complaint: Please Sign Page 3 when completed**



## 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 as a result 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 the Chief of Police, and a 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:
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**TO BE COMPLETED BY THE INVESTIGATING OFFICER**

Date Investigation Initiated:	Date Investigation Terminated:	Date of Final Report:
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**INVESTIGATOR'S FINAL DETERMINATION (Check One)**

- Substantiated**                       **Unfounded**                       **Inconclusive**

Investigator's Signature:	Date and Time:
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**TO BE COMPLETED BY THE CHIEF OF POLICE**

**Chief's Final Determination: (Please Check One)**

- Substantiated**                       **Unfounded**                       **Inconclusive**

**Final Disposition: (Please Check One)**

- No Action Taken**                       **Suspension**                       **Days**  
 **Oral Reprimand**                       **Reduction**                       **Pay**  
 **Transfer**                       **Dismissal**                       **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:** \_\_\_\_\_