LAFAYETTE POLICE DEPARTMENT
FORMAL COMPLAINT AGAINST POLICE PERSONNEL

CONFIDENTIAL

CASE NUMBER: _____

COMPLAINANT INFORMATION		
COMPLAINANT:	RACE/SEX:	D.O.B.:
ADDRESS:		
PHONE NUMBERS: CELL:	HOME:	WORK:
INCIDENT INFORMATION		
DATE OF OCCURRENCE:	TIME OF OCCURRENCE:	
LOCATION OF OCCURRENCE:		
SPECIFIC ALLEGATION:		
THIS COMPLAINT IS BEING FILED AGAINST THE BELOW LISTED EMPLOYEE(S)		
NAME:	RANK:	IBM:
RACE/SEX:	VEHICLE ID:	
NAME:	RANK:	IBM:
RACE/SEX:	VEHICLE ID:	
NAME:	RANK:	IBM:
RACE/SEX:	VEHICLE ID:	
WITNESS INFORMATION		
NAME:	PHONE NUMBER:	
ADDRESS:		
NAME:	PHONE NUMBER:	
ADDRESS:		
NAME:	PHONE NUMBER:	
ADDRESS:		
NAME:	PHONE NUMBER:	
ADDRESS:		

NOTICE

Pursuant to LA R.S. 14:133.5 – Filing a false complaint against a law enforcement officer is knowingly filing, by affidavit under oath, a false statement or false representation with a law enforcement agency regarding the conduct, job performance, or behavior of a law enforcement officer for the purpose of initiating an administrative action against the law enforcement officer. Whoever commits the crime of filing false statements against law enforcement officers shall be fined not more than five hundred dollars or imprisoned not more than six months, or both. I agree to fully cooperate with the assigned L.P.D. personnel in investigating this complaint and any statements I provide will be recorded to ensure accuracy. Additionally, records of medical and psychiatric consultation, evaluation, or treatment (including those from hospitals, clinics, private practitioners and Veterans Administration) may be requested if those records are directly related to my complaint. I may be requested to undergo a polygraph/C.V.S.A. examination to assist in the investigation. I may be subpoenaed to testify at the Municipal Fire and Police Civil Service Board hearing and in court proceedings. I further understand that my failure to cooperate fully in the investigation could result in my complaint being dismissed or not being able to be substantiated. In addition, I understand and agree that a photocopy or electronic replication of this affidavit will constitute verified authenticity of an original signed document.

I have read and understand the above statement. _____

Initials

SIGNATURES

_____ _____

SIGNATURE OF COMPLAINANT DATE/TIME

_____ _____ _____

SUPERVISOR'S SIGNATURE PRINT SUPERVISOR'S NAME DATE AND TIME RECEIVED

AFFIDAVIT – ALLEGATION OF EMPLOYEE MISCONDUCT

NOTARY ENDORSEMENT

_____

COMPLAINANT'S SIGNATURE

Sworn to and subscribed on this _____day of_____, 20____

_____

Ex-Officio Notary