



Robert S. Lausten
Chief of Police

La Vista Police Department

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CITIZEN COMPLAINT FORM

1. Complaint Control Number:

(To be Completed by Police)

2. Day, Date & Time Complaint Received:

3. LVPD Related IR Number:

5. Complainant' Name – Last, First, Middle		6. Date of Birth	7. Sex	8. Race
9. Complainant's Home Address		10. Home Phone		
		11. Other Phone		
12. Complainant's Work Address		13. Occupation		
		14. Work Phone		
15. General Nature of Complaint				
16. Location of Incident	17. Day of Week	18. Date of Incident	19. Time of Incident	
20. Officer Involved <i>(name or description)</i>		21. Badge #	22. LVPD Cruiser # / Description	
23. Officer Involved <i>(name or description)</i>		24. Badge #	25. LVPD Cruiser # / Description	
26. Name(s), Telephone Number(s) or Contact Information <i>(of other people present during the incident, including other police officers)</i>				
<i>(Please continue on the reverse side)</i>				

27. Describe the Incident:

Attach Additional Pages if Necessary Page Number of Pages of Narrative

28. Complainant's Certification

"I hereby certify that to the best of my knowledge, and under penalty of false reporting, the statements made herein are true."

Complainant's Signature Date

29. Complaint Received by:

(To be Completed by La Vista Police personnel)

30. Complaint Review by:

(Reviewed by a Division Commander)

31. Action To Be Taken:

- Inquiry
- Informal Investigation
- Internal Affairs Formal Investigation

(To be Completed by Chief of Police)