



## LACEY POLICE DEPARTMENT COMPLAINT FORM

Please fill out this form to the best of your ability. *Print clearly.*  
You will be provided a copy of your submitted complaint along with a SYS# for tracking purposes.

Per **Lacey Police Department Policy 9.5 – Complaints Against Employees**, the complaint process will be completed in a manner that ensures employees are held accountable for their conduct. The department will simultaneously ensure employees are treated fairly and that the facts of the event are established.

In the event of a public records request, [RCW 42.56.240\(2\)](#) allows agencies to redact personal information of the complainant, victim, or witness, *“If at the time a complaint is filed the complainant, victim, or witness indicates a desire for disclosure or nondisclosure...”* If you, as the complainant, wish to exercise this exemption, you must check the box in section 1 of this form.

### SUBMIT A COMPLAINT THROUGH ANY OF THESE METHODS

- Emailing this completed form to [lacypolice@ci.lacey.wa.us](mailto:lacypolice@ci.lacey.wa.us)
- Submitting this completed form in person or by mail to:  
**Lacey Police Department – Complaints**  
**420 College Street SE**  
**Lacey, WA 98503**
- Calling 360-459-4333 and asking for the on duty Lacey Police supervisor

Within **10 days** of receiving your complaint, you will be contacted by the Lacey Police Department.  
You will be contacted through the information provided on this form.

If you would like to check the status of your complaint,  
you may call 360-459-4333 Monday-Friday 8am - 5pm and provide the SYS # on this form.



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## 1. TELL US ABOUT THE PERSON COMPLETING THIS FORM

<input type="checkbox"/> I wish to file this complaint anonymously <input type="checkbox"/> Per RCW 42.56.240(2), I request that my personal information not be disclosed			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Name (First MI. Last)	Home Address	Date of Birth <small>MM/DD/YYYY</small>
Contact Number	Alternate Contact Number	Email Address	

## 2. TELL US ABOUT THE INCIDENT

Location of Incident	Incident Date <small>MM/DD/YYYY</small>	Incident Time <small>AM PM</small>	Was there an arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was a ticket or warning issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ticket/Case Number	Was there an injury? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, describe the injury and any medical care received in your statement on page 3.</i>	

## 3. TELL US ABOUT THE EMPLOYEE *(To the best of your ability)*

*If multiple employees involved, please provide information in your statement*

Employee Name (First Last)	Description of the employee, or additional details <i>(for additional space, continue in your statement on page 3)</i>
Sworn <input type="checkbox"/> Civilian <input type="checkbox"/> Unknown <input type="checkbox"/>	

## 4. TELL US ABOUT OTHER INVOLVED PERSONS *If multiple, provide additional information in your statement*

Name (First MI. Last)	Home Address	Date of Birth <small>MM/DD/YYYY</small>
Contact Number	Alternate Contact Number	Email Address

## 5. TELL US ABOUT ANY WITNESSES *If multiple, provide additional information in your statement*

Witness Name (First MI. Last)	Home Address <i>(if known)</i>	Contact Number
Alternate Contact Number	Email Address	

## 6. SIGNATURE OF PERSON COMPLETING THIS FORM

I understand that this statement will be the basis for an investigation. The facts contained in my statement are true to the best of knowledge and belief. In addition, I declare and affirm that my statement has been made voluntarily and without persuasion, coercion, or promise of any kind.

Print Name:	Signature:	Date:
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## TO BE COMPLETED BY LPD PERSONNEL

Received by	Personnel #	Date received	Time received
SYS #:	IA #:		



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### 6. STATEMENT

To the best of your ability, please write **what** happened, **when** it happened, **where** it happened, **who** was involved and **how** it happened. What is your primary complaint, and what outcome are you seeking? Please provide as much information as you believe is important, and that you think would assist in investigation your situation.

SYS #:	IA #:
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