Appendix #2

Lincoln Police Department COMPLAINTS AGAINST LAW ENFORCEMENT AGENCY PERSONNEL

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

l,(Nam	(Name and Rank), hereby certify this form was presented to				
<u>(</u> Nam	e and Rank), on this date, in connection with the above-				
referenced investigation, that the contents	s of the form were made known to him/her, and that failure to				
sign the form is grounds for disciplinary ac	tion, including dismissal from employment.				
Said,	refused, in my presence, to sign this form.				
Name					
	Employee				
Signature/Date Employee Signature/Date					

Appendix #3

LINCOLN POLICE DEPARTMENT Chief of Police 21 Fleming St, Lincoln, ME 04457

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

l,		, do nereby affirm	that the fo	regoing information
provided by me is true and correct to	the best of my	knowledge and b	elief. I und	derstand that any false,
misleading, or untrue statements, acc	cusations or all	egations made by	me, either	orally or in writing to any
person (s) investigating this complain	t may subject ı	me to civil and/or o	criminal pro	osecution
I realize that it may become necessar	y during the in	vestigation of this	complaint	for me to meet with
representatives of the Lincoln Police	Department to	discuss this comp	laint, eithe	r in the presence or
absence of the accused department r	nember (s) at t	he discretion of th	e departm	ent. I hereby accept the
premise that if any action is initiated	through a cour	t or administrative	e proceedir	ng because of my
complaint, my testimony before thes	e hearings may	be required. Tagi	ree to mak	e myself available as a
witness before either of the aforesaid	d bodies, upon	request by the Chi	ef of Police	e.
Signed,	this	day of	20	_in the Town of Lincoln,
State of Maine.				
Witness,		Witness,		

(Signature of Department Representative)

20

(Date)

15

TO BE COMPLE	TED B	Y THE DEPARTMI	ENTAL MEMBER RE	CEIVIN	G COMPLAINT
Accepting Department Member:	Da	te Received:	Forwarded To:		Date:
			E INVESTIGATING		
Date Investigation Initiat	Initiated: Date Investigat		ion Terminated:		Date of Final Report:
18.0	/FCT10	ATOR/C FINIAL DE	TERRAINATION (CL		-1
□ Unfounded		ATOR'S FINAL DE Exonerated	TERMINATION (Ch Not Sus		<u>e)</u> □ Sustained
Investigator's S			i Not 3us		nd Time:
	Ü				
	7	O BE COMPLETE	D BY THE CHIEF OF	POLICE	
9	Chief's	Final Determina	tion: (Please Chec	k One)	
□ Unfounded		Exonerated	□ Not Sus	stained	☐ Sustained
	F	inal Disposition:	(Please Check One	<u>.</u>	
□ No Action Taken		□ Suspension		_ □ Day	/S
□ Oral Reprimand		□ Reduction		□ Pay	
□ Transfer		□ Dismissal		□ Rar	nk
Comments:					
Complainant Notified of the	Dispos	ition by:			_
Date & Time:					
Member(s) Notified of the Di	sposit	ion by:			_
Date & Time:					
Signature:					
Date Filed in Personnel File:					