COMPLAINTS CONCERNING POLICE PERSONNEL

It is the policy of the Lexington Police Department to accept, investigate, and review all complaints of either alleged misconduct or improper handling of an incident on the part of police personnel, sworn or non-sworn.

If you wish to file a complaint concerning the actions of Lexington Police Department personnel, please follow the procedures listed below:

1. Request to speak with a supervisor. If there is not a supervisor on duty, one will contact you by phone as quickly as possible.

2. If your complaint is not resolved after speaking with the supervisor, the supervisor may ask you to assist in completing a "Citizen Complaint" form. The form has a place to list the facts of the incident and the manner in which they occurred.

3. If you do not wish to speak with a supervisor at that time you can obtain a copy of the complaint form to take with you. These forms are available at the Police Department, or on the web at: https://www.lexingtonil.gov/police.

4. After filing a formal complaint with the department you will be contacted by the Assistant Chief concerning the status of the investigation. If you have questions about your complaint or the process you may contact the Assistant Chief of Police at (309) 365-3871.

NOTE: It is the policy of the City of Lexington Police Department that: Complaints from individuals who evidence symptoms of alcohol or drug intoxication will not be accepted until such time that the complainant has attained full sobriety.

The Lexington Police Department recognizes the need for the filing of legitimate complaints against police personnel for which they can be held accountable to the public, however, the Department will also seek to hold members of the public responsible for the filing of false allegations against police personnel.

LEXINGTON POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Complainant's Name: _____ Date of Birth: _____	Complaint Taken: 1. In Person ☐ 2. By Phone ☐ 3. Via Letter ☐	File Number:

Complainant's Address: _____ Cell/Home Phone

_____

Street/Apartment # City State Zip Code

Witness Names:	Complete Address:	Phone(s):
_____	_____	_____
_____	_____	_____

Officer's Name:	Badge:	Squad Description:
_____	_____	_____
_____	_____	_____

Nature of Complaint: _____

_____

_____

Location of Incident: _____ **Date:** _____ **Time:** _____

The Lexington Police Department recognizes the need for the filing of legitimate complaints against officers as a means by which they can be held accountable to the public; however, the Department will also seek to hold members of the public responsible for the filing of false allegations against police officers

Complainant's Signature: _____ **Date:** _____ **Time:** _____

Parent/Guardian Signature: _____ **Date:** _____ **Time:** _____

*If under the age of 18, form must be signed by parent or guardian

ACCEPTING SUPERVISOR'S Signature: _____ **Date:** _____ **Time:** _____

☐ **Disposition →Investigated by First Line Supervisor and the Disposition is as follows** _____ **Date:** _____

☐ **Forwarded to IA Supervisor for Investigation.** **Date:** _____

Complaint Assigned to _____ **for Investigation. Date:** _____

Check one of the boxes above before forwarding.

Forwarding Supervisor's Name: _____ **ID #** _____

Distribution: ORIGINAL: Chief of Police PHOTOCOPIES TO: Investigating Supervisor, Complainant

01/28/25

CITIZEN COMPLAINT NARRATIVE FORM

This Statement is given by:

_____

(Please print complete name of Complainant)

_____ _____/_____

Street/Apt. # City, State, Zip Code Home phone/work phone

ADMINISTRATIVE REVIEW # _____ Date: _____ Time: _____

Complaint Narrative: _____

Witness: _____ Signature:_____

Witness: _____Signature:_____