



City of Lakeville
Positioned to Thrive

REPORT A CONCERN REGARDING A CITY OF LAKEVILLE POLICE EMPLOYEE OR REPRESENTATIVE

Your Name: _____

Your Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (cell) _____ (home) _____ (work)

Email Address: _____

Witness Name: _____

Witness Address: _____

City, State, Zip Code: _____

Witness Name: _____

Witness Address: _____

City, State, Zip Code: _____

Date of Occurrence: _____ Time of Occurrence: _____

Place of Occurrence: _____

Name of Officer (If unknown, physical description): _____

Badge Number: _____ Squad Number: _____

Citation or Case Number: _____

Has this concern been reported previously? If so, to whom? _____

