

LAWRENCE KANSAS POLICE DEPARTMENT
FORMAL COMPLAINT OF OFFICER(S) CONDUCT

ATTACHMENT F

Date: 7/12/16

Your Name: Crystalee Prothorne Phone No: 785-

Your Address: Lawrence KS 66044

Incident Occurred: Date: Various Time: a.m. p.m.

Location: Lawrence, KS

Name of Officer(s) involved: \$

Were you arrested? Yes ☐ No ☒

Charge(s): PIA

Court Date: PIA

Witness(es): Name Address Phone

(Any complaint involving a criminal or traffic offense where you have been cited into court cannot be investigated until the offense has been resolved through the court system.)

Brief statement of what happened:

My civil rights have been violated and I made a report. This report along with others has not been turned over to the DA's office. Reports others have not been investigated. It concerns me greatly as a citizen that when reports of abuse are made by a 3rd party that they are not properly investigated.

(Add additional pages to this complaint if necessary.)

Are you willing to testify at a hearing if needed? ☒ Yes ☐ No

The undersigned hereby affirms that the above is true and correct.

Crystalee Prothorne
Printed Name

Crystalee Prothorne
Signature

Send or bring signed form to the Office of Professional Accountability at 111 East 11th Street, Lawrence, Kansas 66044.