



Gibsonville Police Department

129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926

CITIZEN COMPLAINT FORM

<i>For internal use only</i>	IA FILE #: _____
DATE RECEIVED: _____	OCA: _____

COMPLAINT INFORMATION

FULL NAME: _____ RACE: _____ SEX: _____ DOB: _____

HOME ADDRESS: _____ STATE: _____ ZIP: _____

DAY TELEPHONE: _____ EVENING TELEPHONE: _____

IDENTIFICATION OF ACCUSED EMPLOYEE(S)

NAME	ID#	RACE	SEX	UNIT ASSIGNED

WITNESS INFORMATION

CO-COMPLAINANT?

NAME	DAY TELEPHONE	EVENING TELEPHONE	CO-COMPLAINANT?	
			YES	NO

CERTIFICATION OF COMPLAINANT

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION CONTAINED IN THIS COMPLAINT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MAKING A FALSE REPORT TO A LAW ENFORCEMENT AGENCY IS A VIOLATION OF NORTH CAROLINA LAW AND MAY SUBJECT ME TO CRIMINAL PROSECUTION AND/OR CIVIL LIABILITY.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE RECEIVED A PHOTOCOPY OF THIS COMPLAINT REPORT AND THAT I HAVE BEEN INFORMED OF THE COMPLAINT PROCESSING PROCEDURE.

SIGNATURE OF COMPLAINANT

DATE

COMPLAINT DETAILS:

[Empty rectangular box for complaint details]