**CITIZEN COMPLAINT FORM**

**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-COMPLAINTANT?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | DAY TELEPHONE | EVENING TELEPHONE | YES | NO |
|  |  |  |  |  |
|  |  |  |  |  |

CERTIFICATION OF COMPLAINTANT

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 COMPLAINTANT DATE