NORTH CAROLINA DEPARTMENT OF JUSTICE
COMPANY AND CAMPUS POLICE PROGRAMS
PO Box 310
Raleigh, NC 27602
Phone: (919) 661-5980 • Fax: (919) 779-8210
Web Page: http://www.ncdoj.com

COMPLAINT FORM

Your Name: _____
First Middle Last

Mailing Address: _____
Street & Number or PO Box City State Zip Code

Physical Address: _____
Street & Number or PO Box City State Zip Code

Telephone: (_____) _____ E-mail Address: _____

Cell Phone: (_____) _____

Complaint Against:

Name of Officer: _____

Company: _____

Address: _____
Street & Number City State Zip Code

Telephone (_____) _____

Date(s) of Alleged Violation: _____

Location of Alleged Violation: _____

Are there any witnesses? ☐Yes ☐No If yes, list their name(s), address(es) and telephone number(s) attach additional sheets if necessary:

_____

_____

_____

Were you arrested or charged with an offense? ☐Yes ☐No If yes, please forward copies of warrants and/or citations.

Please explain the nature of your complaint in detail (you may attach additional sheets):

_____

_____

_____

_____

IMPORTANT NOTE: In accordance with the North Carolina Public Records Act [N.C.G.S. Chapter 132] this form will be sent to the individual you are complaining about along with any attachments you submit with this complaint. Additionally this form may be released pursuant to N.C.G.S §132-6.

"I hereby attest that all statements and allegations set forth in the complaint are true and accurate to the best of my knowledge."

_____ _____
Signature of Complainant Date