



Hillsborough Police Department
127 N. Churton Street
Hillsborough, NC 27278

HILLSBOROUGH POLICE DEPARTMENT CITIZEN COMPLAINT FORM

IA FILE #: _____

GENERAL INFORMATION

DATE RECEIVED: OCA: _____

TIME RECEIVED:

SUPERVISOR RECEIVING COMPLAINT:

- IN PERSON
- MAIL/LETTER
- TELEPHONE
- THIRD PERSON
- ANONYMOUS

COMPLAINT INFORMATION

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

HOME ADDRESS: _____ STATE: _____ ZIP: _____

DAY TELEPHONE: _____ EVENING TELEPHONE: _____ OTHER: _____

IDENTIFICATION OF ACCUSED EMPLOYEE(S)

<u>NAME</u>	<u>ID #</u>	<u>RACE</u>	<u>SEX</u>	<u>UNIT ASSIGNED</u>

WITNESS INFORMATION

Co-COMPLAINANT?

<u>NAME</u>	<u>DAY TELEPHONE</u>	<u>EVENING TELEPHONE</u>	<u>YES</u>	<u>NO</u>

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

