



# FORM

## Resident Complaint

Hillsborough Police Department  
127 N. Churton St., Hillsborough, NC 27278  
919-296-9500 | Fax: 919-732-2187  
www.hillsboroughnc.gov

INTERNAL AFFAIRS FILE NUMBER: \_\_\_\_\_

### GENERAL INFORMATION

Date occurred: \_\_\_\_\_ Originating Case Agency: \_\_\_\_\_

Time occurred: \_\_\_\_\_

Reported:

☐ In person ☐ Mail or letter ☐ Telephone ☐ Third person ☐ Anonymous ☐ Online

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### IDENTIFICATION OF ACCUSED EMPLOYEE(S)

Name	ID Number	Race	Sex	Unit Assigned

### WITNESS INFORMATION

Name	Telephone	Email	Yes	No

### CERTIFICATION OF COMPLAINANT

*I, the undersigned, hereby certify 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.*

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILS OF COMPLAINT**