

North Carolina Central University Campus Police Commendation/Complaint Form

Incident Event # CAD: _____
Incident OCA#: _____
IA#: _____

Name: _____

Home Address: _____

Home Phone: () _____

Business Phone: () _____

Work Phone: () _____

If applicable, list other witnesses and their phone numbers:

Employee (s) Involved (describe if you don't know names):

Location of Incident:

Date/Time: _____

Summary of Incident (attach an additional page if necessary):

Print Name: _____

Signature: _____

Date/Time: _____

NORTH CAROLINA CENTRAL UNIVERSITY CAMPUS POLICE
COMPLAINT AND INQUIRY FORM

Nature of Complaint:

Complainant's Name:

Race and Sex:

Home Address:

Telephone Number:

Business Address:

Telephone Number:

If applicable, list other complaints and /or
witnesses:

Officer/Person Involved: (1)

(2)

Department of Person Involved:

Please Describe in detail your complaint

Signature: _____

Date: _____