COMPLAINT FORM

Town of Hope Mills Police Department
5776 Rockfish Road
Hope Mills, North Carolina 28348

The Hope Mills Police Department will investigate any reasonable allegation of misconduct of any of its members upon receipt of this form, properly executed and signed. The use of this form is a necessary prerequisite to the investigation of a complaint alleging misconduct. The department does not condone misconduct by any of its member and will take appropriate action against any member found to be guilty to such misconduct.

IDENTIFICATION

Complete the following items fully.

Your full name			
Your street address			
City or Town		State:	Zip:
Home Phone Number		Work Phone Number:	
Location of Incident			
Name of Officer(s)			
Description of Officer (s) (if name unknown)	Race, Sex, Age, Height, Weight, Uniform or Plain Clothes		
Officer's vehicle Number or description (if name unknown)			

COMPLAINT

Describe your specific complaint(s) and explain circumstances. You may continue on the reverse or attach more sheets.

Affirmation

I, _____, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false or untrue statements, accusations or allegations herein made by me, in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may subject me to civil suit and/or criminal prosecution.

I realize that it may be necessary in the investigation of this complaint to meet with a member or members of the Hope Mills Police Department to discuss this complaint, either in the presence or absence of the accused officer(s), at the discretion of this department.

Signed: _____, this _____ day of _____, 20____ in the Town of Hope Mills, State of North Carolina.

FOR DEPARTMENT USE ONLY

Complaint number:	
Assigned to:	
Date assigned:	

Other notes: