



Wrightsville Beach Police Department

Personnel Complaint Report

Use this form to register your complaint about the Wrightsville Beach Police Department.
You may leave this form with a supervisor or mail it to:
Chief of Police, PO Box 452, Wrightsville Beach, NC 28480.

COMPLAINANT INFORMATION

Internal Use Only: Leave Blank

_____	Control # _____	
Your Name _____	OCA# _____	
_____	Age _____	Sex _____
Phone Number(s) _____	City/Sate _____	Zip _____
_____	City/Sate _____	Zip _____
Date of Birth _____		
Home Address _____		
Business Address _____		

If applicable, list other complainants and/or witnesses and their phone numbers:

_____	Home Phone _____	Cell Phone _____
Name _____		
_____	Home Phone _____	Cell Phone _____
Name _____		
_____	Home Phone _____	Cell Phone _____
Name _____		

Name of Employee(s) Involved:

_____	Date _____	Time _____
Location of Incident _____		

Were you arrested? (Check one) Yes No

Court Date: _____

What were you charged with?

Complainants Initials _____

