



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.

CITIZEN COMPLAINT

INTERNAL COMPLAINT

COMPLAINANT INFORMATION

Internal Use Only: Leave Blank

Your Name

Phone Number(s)

Date of Birth

Home Address

Business Address

Control #

OCA#

Age

Sex

City/State

Zip

City/State

Zip

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

Name

Home Phone

Cell Phone

Name

Home Phone

Cell Phone

Name

Home Phone

Cell Phone

Name of Employee(s) Involved:

Location of Incident

Date

Time

Were you arrested? (Check one) Yes No

Court Date: _____

What were you charged with?

Complainants Initials _____

For Internal Use Only: Leave Blank

Attempt to Resolve Complaint:

Complaint Resolved: Yes No

Assigned for Further Investigation: Yes No

Discipline Administered:

Further Discipline Recommended: Yes No

(If yes attach memorandum of recommendation)

_____ Supervisor Name	_____ Signature	_____ Date
_____ Commander Name	_____ Signature	_____ Date
Chief David Squires _____ Chief of Police	_____ Signature	_____ Date

- FINAL DETERMINATIONS':
- SUSTAINED (allegation is true: the action of the Department or the officer was inconsistent with the Department policy)
 - NOT SUSTAINED (there is insufficient proof to confirm or to refute the allegation)
 - UNFOUNDED (allegation is true; the action of the Department to the officer was consistent with Department policy)
 - EXONERATED (the allegation is demonstrable false)
 - POLICY FAILURE (Allegation is true; the action of the Department or the officer was not inconsistent with the Department Policy. The policy requires modification.)