

CAROLINA BEACH POLICE DEPARTMENT

1121 N. LAKE PARK BLVD. CAROLINA BEACH, NC 28428 910-458-2540



CIVILIAN POLICE COMPLAINT FORM

Complaints may be submitted anonymously or on behalf of another person. If you do not give your name, it may be more difficult to fully investigate the case. If you file a complaint, it is unlawful and against CBPD Policies for anyone to retaliate against you for the filing of this complaint.

NAME: _			
	(FIRST)	(MIDDLE)	(LAST)
ADDRESS:			
		(STREET NAME & NUMBER)	
-	(CITY)	(STATE)	(ZIP CODE)
TELEPHONE: Home:		Cell/Work:	
EMAIL:			
DATE OF B	BIRTH:		
Date and Ti	me of Incident:		
Address who	ere incident occurred: _		
Names of Of	fficer(s) (if known):		

STATEMENT (Please complete on back of form. Attach additional pages if needed)

- It is important to provide as much information as possible.
- Please describe the incident and the specific nature of your complaint as completely as possible.
- Include the names, addresses, and phone numbers of any witnesses.
- Be as specific about the details, such as exactly what was said, time, and dates of the incident, the location of the incident, the CBPD officers/employees involved, if known.
- If officer(s)'s names are not known, please include detailed descriptions of officers.
- Attach additional sheets, and include any other relevant items (photos, witness statements, etc.)

STATEMENT

PLEASE NOTE: While the Carolina Beach Police Department complaints of misconduct, filing a false report is a crime in the	
The information provided in this statement is true and factual t	o the best of my knowledge.
Complainant's Signature	Date
Witness signature	Date