

**THOMASVILLE POLICE DEPARTMENT
COMPLAINT REPORT**

DATE OF INCIDENT _____

General Information

Date Received: _____ OCA Number: _____ In-Person
 Time Received: _____ CAD Number: _____ Mail
 Supervisor Receiving Complaint: _____ Telephone
 Third Person
 Anonymous

Complainant Information

Full Name: _____ Race: _____ Sex: _____ DOB: _____
 Home Address: _____ State: _____ Zip: _____
 Day Telephone: _____ Evening Telephone: _____ Other Telephone: _____

Identification of Accused Employee(s)

Name	ID#	Race	Sex	Unit assigned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Witness Information

Name	Day Telephone	Evening Telephone	Co-complainant	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Details of Complaint

Check here if continuation page(s) attached

Certification of Complaint

The undersigned hereby certifies that the information contained in this complaint is true and complete to the best of my knowledge and belief. I understand that making a false report to a law enforcement agency is a violation of North Carolina law and may subject me to criminal prosecution and/or civil liability. My signature below acknowledges that I have received a photocopy of this complaint report and that I have been informed of the complaint processing procedure.

Signature of Complainant

Date

Certification of Complaint

The undersigned hereby certifies that the information contained in this complaint is true and complete to the best of my knowledge and belief. I understand that making a false report to a law enforcement agency is a violation of North Carolina law and may subject me to criminal prosecution and/or civil liability. My signature below acknowledges that I have received a photocopy of this complaint report and that I have been informed of the complaint processing procedure.

Signature of Complaint

Date

Allegation Information

Employee _____ Rule of Conduct Violation Alleged _____

Additional Comments or Allegations

IMPORTANT: Any allegation of employee misconduct serious enough to require immediate action by the Police Department, such as criminal misconduct, illegal use of deadly force, or gross misconduct resulting in serious physical injury or extensive property damage must be reported immediately to the Chief of Police.

Initial Resolution Efforts(Any actions taken to informally resolve the complaint)

Supervisory Review of Initial Complaint

Squad or Sergeant: _____ ID# _____ Date: _____

Division Lieutenant: _____ ID# _____ Date: _____

INTERNAL AFFAIRS USE ONLY BELOW THIS LINE

Investigation Type: _____ Date Assigned for Investigation: _____

Lead IA Investigator: _____ Report Due to Chief of Police: _____

Other IA Investigator: _____

Special Examinations Authorized By the chief of Police

Name / Subject of Exam	Type of Exam	Date Authorized	Complete?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Other Investigative Information

- Audio or Video of Event Secured
- Interviews Tape Recorded
- Workplace Area Search(s) Conducted
- Workplace Computer Search(s) Conducted
- Evidence of Misconduct Seized
- Employee resigned During Investigation