***KITTY HAWK POLICE DEPARTMENT***



***Joel C. Johnson***

Chief of Police

***Wade M. Styons***

Lieutenant

P.O. Box 2319

Kitty Hawk, NC 27949

Telephone: (252) 261-3895

Fax: (252) 261-2823

**COMMENDATION/COMPLAINT FORM**

**Instructions: Please complete all applicable blocks G.O. Procedure #4.003**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***REPORT TYPE (Check one):*** | | | | | | | | Commendation | | | | | | | | | Complaint | | | | | | |
|  |  |  | | | |  | |  | | |  | |  | |  | | |  | | |  | | |
| ***REPORTING PERSON*** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | |  | |  | | |  | |  | |  | | |  | | |  | | |
| Last Name: | | | | First Name: | | | | | Middle Name: | | | | | Date of Birth: | | | | | | Sex: | | | Race: |
| Home Phone: | | | | | | | Cell Phone: | | | | | | | | | Work Phone: | | | | | | | |
| Street Address: | | | | | | | | | | | | Town/City: | | | | | | | State: | | | Zip Code: | |
|  |  |  | | | |  | |  | | |  | |  | |  | | |  | | |  | | |
| ***OFFICER(S) INVOLVED*** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |
| Officer’s Name: | | | | | | | | | | Officer’s Name: | | | | | | | | | | | | | |
| Officer’s Name: | | | | | | | | | | Officer’s Name: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| ***Witness Information*** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | First Name: | | | | | | Middle Name: | | | | | Date of Birth: | | | | | | Sex: | | | Race: |
| Home Phone: | | | | | | | Cell Phone: | | | | | | | | | Work Phone: | | | | | | | |
| Street Address: | | | | | | | | | | | | Town/City: | | | | | | | State: | | | Zip Code: | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| ***Witness Information*** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | First Name: | | | | | Middle Name: | | | | | Date of Birth: | | | | | | Sex: | | | Race: |
| Home Phone: | | | | | | | Cell Phone: | | | | | | | | | Work Phone: | | | | | | | |
| Street Address: | | | | | | | | | | | | Town/City: | | | | | | | State: | | | Zip Code: | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| ***INCIDENT DESCRIPTION*** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | |
| Incident Date: | | | | | Incident Time: | | | | | | Incident Number (if known): | | | | | | | | | | | | |
| Incident Location: | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of Commendation or Complaint (You may attach any pertinent documentation, or statement) | | | | | | | | | | | | | | | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| ***AFFIRMATION*** | | | | | | | | | | | | | | | | | | | | | | | |
| While supporting the reporting of legitimate complaints as a means by which the department can be accountable to the public, the department also seeks to hold members of the public responsible for the reporting of false and malicious allegations. The Kitty Hawk Police Department will initiate appropriate legal action in cases involving false reporting.  ***It is a criminal offense to knowingly make a false report to law enforcement agencies or officers.***  (North Carolina General Statue § 14-225)  I have read and understood the above statement.  Reporting Person:  (Printed Name)  Reporting Person Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| Please fax ***signed*** form to: (252) 261-3895 or  Mail ***signed*** form to: Kitty Hawk Police Department, P.O. Box 549, Kitty Hawk, N.C. 27949 | | | | | | | | | | | | | | | | | | | | | | | |

**KH-112**

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