

ELIZABETHTOWN POLICE DEPARTMENT

P.O. Box 1278 / 805 W. Broad Street
Elizabethtown, NC 28337
Phone: 910-862-3125
Fax: 910-862-2743



Tony Parrish
Chief of Police

COMMENDATION / COMPLAINT FORM

Instructions: Please complete all applicable blocks

Report Type (check one):	<input type="checkbox"/> Commendation	<input type="checkbox"/> Complaint
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Reporting Person					
Last Name:	First Name:	Middle:	Date of Birth:	Sex:	Race:
Street Address:			City/Town:	State:	Zip Code:
Home Phone:		Cell Phone:		Work Phone:	

OFFICER(S) INVOLVED	
Officer's Name:	Officer's Name:
Officer's Name:	Officer's Name:

WITNESS INFORMATION					
Last Name:	First Name:	Middle:	Date of Birth:	Sex:	Race:
Street Address:			City/Town:	State:	Zip Code:
Home Phone:		Cell Phone:		Work Phone:	

WITNESS INFORMATION

Last Name:	First Name:	Middle:	Date of Birth:	Sex:	Race:
Street Address:		City/Town:		State:	Zip Code:
Home Phone:		Cell Phone:		Work Phone:	

INCIDENT DESCRIPTION

Date:	Time:	Location:
Summary of Commendation or Complaint: (you may use attached statement if needed)		

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 Elizabethtown 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 Statute § 14-225)

I have read and understood the above statement.

Reporting Person: _____
(Printed Name)

Reporting Person Signature: _____ Date: ____/____/____

Please fax **signed** form to: (910) 862-2743 or
Mail **signed** form to: Elizabethtown Police Department, P.O. Box 1278, Elizabethtown, NC 28337
Attention: Chief Tony Parrish

