



Fuquay-Varina Police Department Allegation of Misconduct

Complainant's Name (Last, First, Middle)				Date of Birth	
Race	Sex	Age	Address (Street, City, State, Zip)		
Home Phone		Work Phone		Cell Phone	
Date and Time Complaint Filed				Method Received (Dept. Use Only)	
Date and Time of Incident		Location of Incident			
Complaint Filed Against (Employee Name)				Employees Supervisor (Dept. Use Only)	
1)					
2)					
3)					
Name of Witness to Incident				Phone Number	
Address (Street, City, State, Zip)					
Name of Witness to Incident				Phone Number	
Address (Street, City, State, Zip)					
Name of Witness to Incident				Phone Number	
Address (Street, City, State, Zip)					
Complaint Received By			Date		
Complaint Assigned To			Date Assigned		
Professional Standards Report Number					



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To be completed by the Complainant/Witness

In your own words, please describe the events that led to your allegation of misconduct by an employee of the Fuquay-Varina Police Department.

(Use additional sheet of paper if necessary)

I certify the above statement to be true and correct.

Signature

Date

Signature of Employee Receiving Complaint

Date

