Winterville Police Department Citizen Complaint Form

THIS	S BLOCK FOR	R DEPARTMEN	IT USE ONLY	′	
Received By:	Date/Time:			/	
Forward To:					
**For anonymous complaints, le	eave name, add		number blank	r. Forms may	
<i>pci3011, 0311</i>	ian, or critaic to	Charles.namillo	T@WITTET VILLET	ic.com	
Complainant's First	Middle	Last			
Physical Address		<u></u> City			State, Zip
()	-	Home	Work	Cell_	_
Complaint received: In Perso Current p		By Phone ociated form is			(attached)
Please describe the nature o	f your comp	laint using an a	additional sl	neet if nec	essary:
ا attest that the information	orovided is tr	uthful to the b	est of my kr	owledge.	
			Date/Tin	ne:	/
Complainant's Signature					
I would be satisfied if the imi I would like to be notified of t	•		•		(Initial)

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THIS SIDE IS FOR DEPARTMENT USE ONLY

Reviewed By:		Date/Ti	ime:	/	
Assigned To:	Date/Ti	Date/Time:			
Investigative Rep	oort:				
Findings: Ur	founded	Exonerated No	t Sustained	Susta	ned
Action(s) Recom	mended/Taken:				
Submitted By:		Date/1	Time:		
		ESSIONAL STANDARDS U			
Final Action:	Closed/Filed	Returned for Further A		Forward for	I/A
		Date/Ti			
Complainant A	Date/Ti	me•	/		

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Complaint Continuation								