



# WYTHEVILLE COMMUNITY COLLEGE POLICE DEPARTMENT COMPLAINT FORM

## Compliment OR Complaint Form (Circle One)

### Instructions:

1. Fill out form. Please print or type legibly.
2. **Complaints alleging brutality by a police officer must be sworn to, notarized, and received by the Department within 90 days of the incident.**
3. Submit/mail this form to the Internal Affairs Division.
4. You will be contacted in writing upon receipt of the Compliment/Complaint form.

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Initials: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location or address where incident occurred: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. (circle one) Incident No. (if known) \_\_\_\_\_

Witness' Name(s): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Witness' Address(es): \_\_\_\_\_

Name of Employee(s) Involved: \_\_\_\_\_

Briefly describe what happened (attach additional sheets of paper, if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTARY SEAL