

Mebane Police Department

Complaint Form

Name of Complainant: _____ Date of Birth: _____

Home Address: _____ Phone Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

If this complaint is made on behalf of a minor child, please provide the following information:

Name of Minor Child: _____ Date of Birth: _____

Complainant's Relationship to Minor Child: _____

Name of Employee Involved: _____

Description if name not known:

Race: _____ Sex: _____ Age: _____ Height: _____

Weight: _____ Hair: _____ Vehicle #: _____

Other: _____

Witness(es): Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

(Place Details on attached page)

Details of Complaint

(Supervisor taking Complaint)

(Signature of Complainant)

Date/Time: _____

Supervisor's Findings:

Disposition:

Sustained:

Not Sustained:

Exonerated:

Unfounded: