

Mebane Police Department

Complaint Form

Name of Complainant: _____ DOB: _____

Home Address: _____ Home Phone No.: _____

Name of Employer: _____ Business Phone No.: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

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

Name of Minor Child: _____ DOB: _____

Complainant's Relationship to Minor Child: _____

Name of Employee Involved: _____

Description if name not known: Race: _____ Sex: _____ Age: _____

Height: _____ Weight: _____ Hair: _____

Vehicle #: _____ Dress: _____

Witness(es): Name: _____ Home No.: _____

Address: _____ Business No.: _____

Name: _____ Home No.: _____

Address: _____ Business No.: _____

(Place Details on attached page)

(Officer taking Complaint)

(Signature of Complainant)

Complaint Register #: _____ Date: _____ Time: _____

MPD-A-01-03

Details of Complaint

(Officer taking Complaint)

(Signature of Complainant)

Complaint Register #: _____ Date: _____ Time: _____