

# CRIMINAL JUSTICE EDUCATION & TRAINING STANDARDS COMMISSION



## Criminal Justice Standards Division

Post Office Drawer 149, Raleigh, NC 27602

(919) 661-5980

<https://www.ncdoj.gov>

(Rev. 11-2024)

## Complaint Form Campus and Company Police Programs

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Your Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street & Number or PO Box City State Zip Code*

Physical Address: \_\_\_\_\_  
*Street & Number or PO Box City State Zip Code*

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **Complaint Against:**

Name of Officer: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street & Number or PO Box City State Zip Code*

Telephone: \_\_\_\_\_

Date(s) of Alleged Violation: \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Are there any witnesses?  Yes\*  No

*\*If yes, list their name(s), address(es), and telephone number(s), attach additional sheets if necessary:*

Were you arrested or charged with an offense?  Yes\*  No *\*If yes, please forward copies of warrants and/or citations.*

Please explain the nature of your complaint in detail (you may attach additional sheets):

**IMPORTANT NOTE: In accordance with the North Carolina Public Records Act [N.C.G.S. Chapter 132] this form will be sent to the individual you are complaining about along with any attachments you submit with this complaint. Additionally this form may be released pursuant to N.C.G.S §132-6.**

*"I hereby attest that all statements and allegations set forth in the complaint are true and accurate to the best of my knowledge."*

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date