

COMPLAINT FORM

Wilson's Mills Police Department
 Chief A.Z. Williams
 PO Box 448
 Wilson's Mills, NC 27932
 919-938-3885
 Chief@wilsonsmillsnc.org



To Be Completed by WMPD Staff
 Name | Rank | CAD No.

Incident Summary (IS) Number

Date & Time Complaint Received

To Be Completed by WMPD Staff
 WMPD Control Number

Date & Time Complaint Received

Received: In Person | Fax | E-mail | U.S. Mail | MPD | Other (please specify below):

How Did You Hear About WMPD (please specify):

Complainant's Name – Last, First, Middle

Date of Birth

Gender

Race or Ethnicity

Home Address

Home Telephone Number

Email Address

Cell Number

Alternate Contact Information

Date of Incident

Location of Incident

Time of Incident

Day of Week Incident Occurred

Police Vehicle No. / Description

Officers Involved (name, badge number, police district, if known)

Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.)

Describe Injuries (if any)

Where Treated (name of hospital, doctor, etc.)

Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including other police officers)

Preferred Language of Communication (if other than English)

