COMPLAINT FORM Wilson's Mills Police Department Chief A.Z. Williams PO Box 448					<u>To Be Completed by WMPD Staff</u> Name   Rank   CAD No.				
					Incident Summary (IS) Number				
Wilson's Mills, NC 27932 919-938-3885 Chief@wilsonsmillsnc.org					Date & Time Complaint Received				
VILSON'S MILLS					<u>To Be Completed by WMPD Staff</u> WMPD Control Number				
NC					Date & Time Complaint Received				
How Did You Hear About WMPD (please specify):					Received: In Person   Fax   E-mail   U.S. Mail   MPD   Other (please specify below):				
Complainant's Name – Last, First, Middle			Date of Birth		Gender Rad		Race of	r Ethnicity	
Home Address					Home Telephone Number				
Email Address			l Number	Alter			ernate Contact Information		
Date of Incident	Location of Incident	Tin			y of Week Incident curred		ent	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 (ij other than English)									

Form WMPD C1 (01/2022) (Reverse Side)								
Complainant's Name – Last, First, Middle			WMPD Control Number					
			To Be Completed by OPC Staff					
Describe the Incident:								
Attach Additional Pages if Necessary Complainant's Certification	Page	of						
I hereby certify that, to the best of my knowledge, the statements made herein are true. I acknowledge that the making of false statements is punishable by criminal penalties.								
Complainant's Signature	_	Date	-					