UNIVERSITY POLICE DEPARTMENT

Commendation and Complaint Form

Please complete all information as thoroughly and accurately as possible, providing as much detail as you can remember.

**Type of Report**
- [ ] Commendation or Compliment
- [ ] Complaint
- [ ] Suggestion or Inquiry

**Information about you**

Last Name__________________________ First Name_______________________ Middle Initial_____
Address (street, city, state)_____________________________________________________________

Day Phone ____________  Evening Phone _____________  E-mail Address _______________________

**Information about the incident**

Date of Incident __________  Time ________              Day of Week _________ Case Number ______
Location  _____________________________________________________________________________

Witness Name ___________________________________  Witness Phone  ________________________
Witness Name ___________________________________  Witness Phone  ________________________

**Information about UPD employee(s) involved**

Name ___________________________  Or Description  _______________________________________
Name ___________________________  Or Description  _______________________________________

**Briefly describe what happened**
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Please provide any additional information you think will be helpful

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While we encourage the reporting of legitimate complaints, if you knowingly make a false report to law enforcement authorities of a crime or other incident, you can be charged criminally. Filing a complaint against a police employee will not lessen or otherwise affect the outcome of any criminal case in which you may be involved.

I affirm that the information provided in this statement is true and factual to the best of my knowledge. I understand that it may be necessary for me to be interviewed or to provide other assistance during the investigation of a complaint.

☐ I understand and agree

Name, or signature
if printed ___________________________ Date ______________________

The University Police Department carefully investigates all complaints relating to police service and police misconduct. We value your opinion and thank you for bringing the matter to our attention.

This form can be printed and mailed to:
NC A&T University Police & Public Safety
406 Laurel St. (Ward Hall)
Greensboro, NC 27411

Or faxed to:
Attention: Glenn Newell, Chief of Police
(336) 334-7980

For internal use only
# : ___________________________ Date report received: ___________________________