

GOLDSBORO POLICE DEPARTMENT



COMPLAINT FORM AND STATEMENT

Citizen Complaint				Internal Complaint		
	n IEODI	A TION DEDO				
D. (MATION REPOR				
Date:	Time:		Location:			
	IN	CIDENT INFOR	PMATION			
GPD Incident #:	111	CIDENT IN OR				
Date:	Time:	Location:				
	CITIZE	N CONTACT IN	NFORMATION			
Name:						
Address:		City:			Zip:	
Phone #:		Email:				
N. /ID	GPD	PERSONNEL I				
Name/ID:		Name/ID:				
Name/ID:		Name/ID:				
		WITNESSI	FS			
Name:		WIIIVESSI				
Address:		City:		State:	Zip:	
Phone #:		•	nail:		1	
*Please list additional with	less information on	supplemental pag	ge.			
	SI	UPERVISOR US	SE ONLY			
Received by:	Date:					
Receipt of complaint verified with Complainant (phone/copy of form and documentation)						
Complaint Alleged (check a				,•		
Racial Discrimination □ Excessive Use of Force □ Officer Corruption						
☐Unprofessional Behavior			□Other			
☐ Employee notified of in			inant notified in	vestigation co	omplete: phone/email/letter	
The complaint was investig	C	C				
Unfounded(incident did not occur) Exonerated(incident occurred, but officer's actions were justified/legal/proper)						
□ Not Sustained/Inconclusive (insufficient information to prove or disprove the compliant/allegation) □ Policy Failure						
☐ Sustained (the officer(s) violated City policy/GPD policy/Laws) – Describe disciplinary/corrective action taken:						
Complaint status (check one). Unen (etill in	nder investigation)	Γ	□Resolved		
Complaint status (check one): □Open (still under investigation) □Resolved □Closed (pending further information) □Forwarded to the Chief of Police for further investigation						
Submitting Supervisor (prin		1 01 maraoa to the	· chief of fonce	ioi ididici III	, 00115411011	
(sign):	,			Date:		

*
Note: The supervisor who takes the complaint is to forward, at a minimum, a copy of this form to the Professional Standards
Commander by the next business day for administrative processing. Bureau Majors should be notified through the chain of command.



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In your own words, please describe the events that led to your allegation of misconduct by an employee of the Goldsboro Police Department.

(Use additional sheet of paper	as necessary.)		
true. I further understand th	nat if the investigation proves	in page 1 and 2 of this form (and any these allegations to be false, I may be ay be asked to submit to a polygraph	e liable to both
Cimatura		Dete	
Signature		Date	
Print Full Name			
Address: Street, City, State and Zip			
Cell/Home Phone	Work Phone	Other Phone	
Place of Employment	Best T	ime to Contact You	