

Fayetteville Police Department General Complaint Form

Date: _____ Time: _____ Comments Received By: _____

Incident Date: _____ Time: _____ Incident Type: _____

Case Number: _____ Tracking Number: _____

Complainant's Name: _____

Address: _____

Phone Number: _____

Employee's Name or Description: _____

Witnesses: _____

Was a written statement received? Yes No

Briefly Describe the Incident. _____

Shift Commander: _____ Date: _____

Division Commander: _____ Date: _____

Chief of Police: _____ Date: _____