Nags Head Police Department

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Service – Professionalism - Integrity – Strength

Perry L. Hale
Chief of Police

Chris Montgomery
Deputy Chief of Police

COMMENDATION/COMPLAINT FORM

Instructions: Please carefully read and complete all applicable blocks on form

REPORT TYPE (check one)	COMMENDATION ☐	COMPLAINT ☐

REPORTING PERSON

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	RACE
HOME PHONE		WORK PHONE			
STREET ADDRESS		TOWN/CITY		STATE	ZIP

OFFICER(S) INVOLVED

OFFICER'S NAME	EMP. #	OFFICER'S NAME	EMP. #
OFFICER'S NAME	EMP. #	OFFICER'S NAME	EMP. #

WITNESS INFORMATION

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE		DRIVERS LICENSE NUMBER & STATE		
STREET ADDRESS		TOWN/CITY		STATE	ZIP

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE		DRIVERS LICENSE NUMBER & STATE		
STREET ADDRESS		TOWN/CITY		STATE	ZIP

INCIDENT DESCRIPTION

INCIDENT DATE	INCIDENT TIME	NHPD INCIDENT NUMBER (IF KNOWN)

INCIDENT LOCATION

SUMMARY OF COMMENDATION OR COMPLAINT *(YOU MAY ATTACH ANY PERTINENT DOCUMENTATION)*

(CONTINUED)

While supporting the reporting of legitimate complaints as a means by which the department can be accountable to the public, the department also seeks to hold members of the public responsible for the reporting of false and malicious allegations. The Nags Head Police Department will initiate appropriate legal action in cases involving false reporting.

It is a criminal offense to knowingly make a false report to law enforcement agencies or officers.
(North Carolina General Statute § 14-225)

I have read and understand the above statement.

_____   _____
Reporting Person   Date

REPORT RECEIVED BY	IN-CAR RECORDING AVAILABLE YES NO
TIME RECEIVED	IF YES, DATE AND TIME OF RECORDING COLLECTION
DATE RECEIVED	RECORDING IDENTIFCATION NUMBER (IF APPLICABLE)
GENERATED OCA NUMBER	

INITIAL ACTION TAKEN   (SUPERVISORY SUMMARY)

RANK / NAME   DATE

FOLLOW UP ACTION TAKEN   (SUPERVISORY SUMMARY)

RANK / NAME   DATE