

North Carolina Central University Campus Police Commendation/Complaint Form

Incident Event # CAD: _____
Incident OCA#: _____
IA#: _____

Name: _____

Home Address: _____

Home Phone: () _____

Business Phone: () _____

Work Phone: () _____

If applicable, list other witnesses and their phone numbers:

Employee (s) Involved (describe if you don't know names):

Location of Incident:

Date/Time: _____

Summary of Incident (attach an additional page if necessary):

Print Name: _____

Signature: _____

Date/Time: _____

