

## PITT COUNTY, NORTH CAROLINA

## **OFFICE OF THE SHERIFF**

PAULA DANCE, SHERIFF

## **COMPLAINT FORM**

Citizen Filing Complaint:			
Drint Full Name			
Print Full Name:			
Mailing Address:			
City:	State:	Zip:	
Physical Address (if different fr	om above):		
City:			
Driver's License No.	Statos	Data of Pirth	
Driver's License No.:	State	Date of Birtii	
Home Telephone:	Work Telephone:		
Employer Name and Address: _			
Information Concerning Incider	nt:		
Date:	Tim	ne:	$\square$ AM $\square$ PM
	• • • • • • • • • • • • • • • • • • • •		
,			
Location:			
,			
Location:			
Location:			
Location:			
Location: Name of Deputy(ies)/Employee	e(s) Involved in Incider	nt:	
Location:	e(s) Involved in Incider	nt:	
Location: Name of Deputy(ies)/Employee	e(s) Involved in Incider	nt:	
Location:Name of Deputy(ies)/Employee	e(s) Involved in Incider	No Pending court date:	
Location: Name of Deputy(ies)/Employee	e(s) Involved in Incider	No Pending court date:	
Location:Name of Deputy(ies)/Employee	e(s) Involved in Incider	No Pending court date:	
Location:Name of Deputy(ies)/Employee	e(s) Involved in Incider	No Pending court date:	
Location:Name of Deputy(ies)/Employee	e(s) Involved in Incider	No Pending court date:	
Location:Name of Deputy(ies)/Employee	e(s) Involved in Incider vith a crime?   PLEASE CONTINUE ON RI	No Pending court date:	
Location:Name of Deputy(ies)/Employee Were you arrested or charged v	e(s) Involved in Incider vith a crime?   PLEASE CONTINUE ON RI	No Pending court date:	
Location:Name of Deputy(ies)/Employee	e(s) Involved in Incider vith a crime?	No Pending court date:	

ETAILS OF INCIDENT: In your own words, please give a detailed account of the incident. (Continue of separate sheet, if needed)			
	fy that each and every statement made on this form is true a any investigation conducted by the Pitt County Sheriff's Offing in court as necessary.		
	Signature of Complainant		