

Michael E. Palkovics
Chief of Police

James D. Helms
Lieutenant

KITTY HAWK POLICE DEPARTMENT

P.O. Box 2319
Kitty Hawk, NC 27949
Telephone: (252) 261-3895
Fax: (252) 261-2823



COMMENDATION/COMPLAINT FORM

Instructions: Please complete all applicable blocks

G.O. Procedure #4.003

REPORT TYPE (Check one):

☐ Commendation

☐ Complaint

REPORTING PERSON

Last Name:	First Name:	Middle Name:	Date of Birth:	Sex:	Race:
Home Phone:		Cell Phone:		Work Phone:	
Street Address:			Town/City:	State:	Zip Code:

OFFICER(S) INVOLVED

Officer's Name:	Officer's Name:
Officer's Name:	Officer's Name:

Witness Information

Last Name:	First Name:	Middle Name:	Date of Birth:	Sex:	Race:
Home Phone:		Cell Phone:		Work Phone:	
Street Address:			Town/City:	State:	Zip Code:

Witness Information

Last Name:	First Name:	Middle Name:	Date of Birth:	Sex:	Race:
Home Phone:		Cell Phone:		Work Phone:	
Street Address:			Town/City:	State:	Zip Code:

INCIDENT DESCRIPTION

Incident Date:	Incident Time:	Incident Number (if known):
Incident Location:		
Summary of Commendation or Complaint (You may attach any pertinent documentation, or statement)		
Click here to enter text.		

AFFIRMATION

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 Kitty Hawk 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 understood the above statement.

Reporting Person: _____
(Printed Name)

Reporting Person Signature: _____ Date: _____

Please fax ***signed*** form to: (252) 261-3895 or
Mail ***signed*** form to: Kitty Hawk Police Department, P.O. Box 549, Kitty Hawk, N.C. 27949