



Morehead City Police Department
300 N 12th Street
Morehead City, NC 28557



COMPLAINT REPORT

Date and Time Complaint Received: _____

Involved Member: _____

Date and Time of Incident: _____

Complainant Name: _____ Phone: _____

Complainant Address: _____

How Was Complaint Originated?

In Person By Phone By Letter Other: _____

Summary of Complaint:

Officer Receiving Complaint: _____

Did the complainant receive a copy? Yes No

Attempt to Resolve Complaint:

Complaint Resolved: Yes No

Assigned for Further Investigation: Yes No

Discipline Administered: _____

Further Discipline Recommended: Yes No
(If yes attach memorandum of recommendation)

Supervisor Signature: _____ Date: _____

Command Signature: _____ Date: _____

Chief of Police Signature: _____ Date: _____

Determination By Chief of Police:

Sustained (allegation is true: the action of the Department or the officer was inconsistent with the Department policy)

Not Sustained (there is insufficient proof to confirm or to refute the allegation)

Exonerated (allegation is true; the action of the Department to the officer was consistent with Department policy)

Unfounded (the allegation is demonstrably false)

Policy Failure (allegation is true; the action of the Department or the officer was not inconsistent with the Department Policy. The policy requires modification)