

**BCCC Police Department
Citizen Complaint Form**

Received by: _____ Date: _____ Time: _____

Received Type: In-Person Telephone E-mail Written Correspondence

Departmental Employee(s) Involved: _____

Complainant's Information: (If name not known, put "Anonymous")

Name: _____ Phone: _____
Address: _____ E-mail: _____

BCCC: Student Faculty Staff Parent Other _____
 Non-Affiliated with ECU

Incident:

(Continue on back)

Signature of Complainant: _____ Date: _____

Note: Complainant is given a copy of this report to acknowledge receipt of complaint by the BCCC Police Department.

It is the policy of the BCCC Police Department to receive and investigate every complaint filed against the Department or any employee. We feel that this is important to maintain the citizen's confidence in the department and to ensure the integrity of the organization.

Your complaint will be thoroughly investigated and handled as promptly as possible. A member of the department assigned to investigate this matter will contact you very soon. However, if you are not contacted, nor have additional information concerning this matter, please feel free to contact the Chief of Police at (252) 940-6449.

You will be kept informed throughout the investigation and will receive formal notification once the investigation is completed and a decision has been made.

What actions were taken initially to correct/address this situation?

Supervisor's Signature: _____ Date: _____