

Town of Duck Police Department Commendation and Complaint Form

Please use this form to submit an officer or staff member for a commendation or to submit a complaint or suggestion to improve the Duck Police Department. The department accepts anonymous complaints, but please note the more information you provide, the more thoroughly your complaint can be investigated. If you provide your contact information, a supervisor will contact you within 24 hours of receiving the complaint.

Your Information			
Name (Optional)			
Mailing Address (Optional)		City/State	Zip Code
Email Address (Optional)		Phone Number (Optional)	
If applicable, list other complainant's and/or witnesses:			
Case Number (if known)	Incident Address (if you do not know the address, please describe the location)		
Date of Incident	Time of Incident	Name of Officer or Employee Involved (if known)	
Summary of the Incident			
<i>The most important information is the "who, what, when, where, and how" of what happened. If you are reporting an issue second-hand or were a witness to a matter, please communicate that in your statement. You may use the back of this form or attach additional sheets/your own document.</i>			
Please Note: It is a criminal offense to knowingly make a false report to law enforcement agencies or officers per North Carolina General Statute § 14-225.			
<i>I have read and understand the above statement and certify the information is complete and true to the best of my knowledge.</i>			
Signature			Date
Once you have completed this form, you may submit the form in person, during normal business hours, to the Town of Duck Police Department at 1259 Duck Road, Duck, NC 27949; or you may mail the form to: Town of Duck Police Department at P.O. Box 8369, Duck, NC 27949; or you may e-mail a copy of the form to: policeinfo@ducknc.gov.			

Continuation of Summary of the Incident

DEPARTMENT USE ONLY

Complaint Accepted by: _____ ☐ Form ☐ Telephone ☐ Orally

Date/Time Complaint Received: _____

Supervisor Assigned Complaint: _____

Date/Time Complainant Contacted: _____

Date Investigative Contact Letter Mailed: _____