



# Nags Head Police Department

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[www.nagsheadnc.gov](http://www.nagsheadnc.gov)

**J. Phillip Webster**  
 Chief of Police

**Perry L. Hale**  
 Deputy Chief of Police

*Integrity - Professionalism - Pride*

## COMMENDATION/COMPLAINT FORM

Instructions: Please carefully read and complete all applicable blocks on form

**REPORT TYPE (check one)**

COMMENDATION

COMPLAINT

### REPORTING PERSON

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	RACE
HOME PHONE			WORK PHONE		
STREET ADDRESS		TOWN/CITY	STATE	ZIP	

### OFFICER(S) INVOLVED

OFFICER'S NAME	EMP. #	OFFICER'S NAME	EMP. #
OFFICER'S NAME	EMP. #	OFFICER'S NAME	EMP. #

### WITNESS INFORMATION

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE	DRIVERS LICENSE NUMBER & STATE			
STREET ADDRESS		TOWN/CITY	STATE	ZIP	

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE	DRIVERS LICENSE NUMBER & STATE			
STREET ADDRESS		TOWN/CITY	STATE	ZIP	

# INCIDENT DESCRIPTION

INCIDENT DATE	INCIDENT TIME	NHPD INCIDENT NUMBER (IF KNOWN)
INCIDENT LOCATION		

SUMMARY OF COMMENDATION OR COMPLAINT *(YOU MAY ATTACH ANY PERTINENT DOCUMENTATION)*

*(This area is reserved for the summary of commendation or complaint and any pertinent documentation.)*

(CONTINUED)

**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 Nags Head 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 understand the above statement.

\_\_\_\_\_  
Reporting Person

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

REPORT RECEIVED BY	IN-CAR RECORDING AVAILABLE	YES	NO
TIME RECEIVED	IF YES, DATE AND TIME OF RECORDING COLLECTION		
DATE RECEIVED	RECORDING IDENTIFICATION NUMBER (IF APPLICABLE)		
GENERATED OCA NUMBER			

**INITIAL ACTION TAKEN (SUPERVISORY SUMMARY)**

RANK / NAME	DATE
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**FOLLOW UP ACTION TAKEN (SUPERVISORY SUMMARY)**

RANK / NAME	DATE
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