

Elizabeth City State University Police Department  
Commendation/Complaint Form

Incident Event # CAD: \_\_\_\_\_  
Incident OCA #: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
If applicable, list other witnesses and their phone numbers:

\_\_\_\_\_  
\_\_\_\_\_

Employee (s) Involved (describe if you don't know names):

\_\_\_\_\_  
\_\_\_\_\_

Location of Incident:

\_\_\_\_\_  
\_\_\_\_\_

Date/Time: \_\_\_\_\_

Summary of Incident (attach an additional page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date/Time: \_\_\_\_\_

**Office of the Chief of Police**  
1704 Weeksville Rd. Elizabeth City, NC 27909

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p: 252. 335. 3266 | f: 252. 335. 3689 | [www.ecsu.edu](http://www.ecsu.edu)