



NORTH CAROLINA DIVISION OF MOTOR VEHICLES  
LICENSE AND THEFT BUREAU



**PERSONNEL COMPLAINT FORM**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Date Closed: \_\_\_\_\_

Type of Complaint Filed:

Personnel

Policy

Other: \_\_\_\_\_

**1. COMPLAINANT IDENTIFICATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Business: \_\_\_\_\_

Other Information: \_\_\_\_\_

**2. ACCUSED IDENTIFICATION**

Rank / Name: \_\_\_\_\_ District: \_\_\_\_\_

Rank / Name: \_\_\_\_\_ District: \_\_\_\_\_

Rank / Name: \_\_\_\_\_ District: \_\_\_\_\_

**3. COMPLAINT RECEIVED BY:**

Rank / Name: \_\_\_\_\_ District: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Communication Media: \_\_\_\_\_

**4. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF WITNESS OR OTHER COMPLAINANTS**

[Empty box for witness or other complainant information]

(Details on next page)