

**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

(Details on next page)

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(continuation page)

5. DETAILS OF THE COMPLAINT

Obtain complainant's written report, if possible and attach. Include date and time of incident(s).

NAME OF MEMBER COMPLETING REPORT

SIGNATURE

DATE

ADDITIONAL PAGES / ATTACHMENTS? YES

NO