



# Currituck County Department of Fire-EMS

## COMPLAINANT STATEMENT OF INCIDENT

(To be completed by the person filing the complaint)

Provide details of the alleged incident below (Please print or type)

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Date of alleged incident    /    /    Time of alleged incident    \_\_\_\_\_    AM  
PM

EMS Unit(s) involved    \_\_\_\_\_

Crew Members believed, by the complainant, to be involved:

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Other agencies present:

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Witnesses:

Name	_____	Phone:	_____
Name	_____	Phone:	_____
Name	_____	Phone:	_____
Name	_____	Phone:	_____

Complainant Name:(Printed)    \_\_\_\_\_

Address:    \_\_\_\_\_

Phone: (Home)    \_\_\_\_\_ (Work)    \_\_\_\_\_ (Mobile)    \_\_\_\_\_

Complainant Signature:    \_\_\_\_\_

Complaint Received By:    \_\_\_\_\_

**Note: The reverse side of this page may be used for additional documentation if needed**