



Currituck County Department of Fire-EMS

COMPLEMENT OF INCIDENT

(To be completed by the person filing the compliment)

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

Date of incident / / Time of incident _____ AM
PM

Fire/EMS Unit(s) involved _____

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

Other agencies present:

Witnesses:

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

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