



Currituck County Department of Fire-EMS

COMPLAINT FORM

(To be completed by the person filing the complaint)

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