



Franklin Police Department

218 W. Palmer St
Franklin, NC 28734
Phone: 828.524.2864
Fax: 828.524.2495



Established 1855

David Adams
Chief of Police

Summer Woodard
Town Manager

Your issue is important to the Franklin Police Department.

In order to facilitate the process, please follow these simple directions:

Whether your issue is complimentary of or a complaint against an employee of the Franklin Police Department, please fill out the form as completely as possible. Important information is the who, what, when, where and how of what happened to you.

- If your issue is of a second hand nature or you were a witness to a matter of concern, please be clear on those facts.
- We must be able to contact you for follow up investigation should it be warranted. Include an accurate day and night phone number, address and email address (if available).
- A review of this matter will be conducted by a command level employee of the Franklin Police Department.
- You will be informed of all matters material to the investigation within the guidelines of NC law.
- If you have not been contacted directly within 10 working days please contact the Franklin Police Department at (828) 524 - 2864 or you may email the office of the Chief of Police at: dadams@franklinnc.com
- It shall be noted that whoever knowingly makes a false statement in writing with the intent to mislead a public official in the performance of their official duty may be guilty of a criminal offense under North Carolina law:
- Please deliver to the Franklin Police Department in a sealed envelope or mail the completed form to:

Franklin Police Department
218 W. Palmer St
Franklin, NC 28734
Attention: Chief of Police - Citizen Report of Employee Action

**FRANKLIN POLICE DEPARTMENT
CITIZEN REPORT OF EMPLOYEE ACTION**

CASE #: _____

Complainant's Name: _____

Date of Birth (mm/dd/yyyy): _____ Race: Male Female

Home Address: _____ Home Telephone: _____

Business Address: _____ Work Telephone: _____

Email address: _____

If applicable, list other complainants and/or witnesses:

Employee(s) Involved (list names if known):

Date of Incident (mm/dd/yyyy): _____ Time of Incident: _____

Location of Incident: _____

Complaint Received By: _____

Date (mm/dd/yyyy): _____ Time: _____

Summary of Incident: (You may attach your own document if needed)

_____ Date: _____
Signature of Complainant

Summary of Incident: (You may attach your own document if needed)

The above information is complete and true to the best of my knowledge:

_____ Date: _____
Signature of Complainant