

Craven County Detention Center
Citizen Complaint Form

THIS BLOCK IS FOR OFFICIAL USE ONLY

Revd. by: _____ Date/ Time _____ / _____

Fwd. to: _____ Date/ Time _____ / _____

Complainant:

First Name

Middle Name

Last Name

Physical Address:

City, State, Zip

Complaint Reserved: By Email In person

Please describe the nature of your complaint using an additional sheet if necessary:

I attest that the information provided is truthful to the best of my knowledge.

Complainant's Signature:

Date/Time:

I would be satisfied if the immediate supervisor resolved this complaint. Initial

I would like to be notified of the outcome of this complaint. Initial