

Your Name: _____ CWID (if student): _____
 Address: _____ Phone: _____
 Email: _____ Other: _____
 Parent/Guardian Contact Info (if minor): _____

Officer Name: _____ Badge#/Rank: _____
Description: _____
Date of Incident: _____ Time: _____ Location: _____

[illegible]

Name: _____ CWID (if student): _____ Phone: _____
Address: _____ Email: _____
Name: _____ CWID (if student): _____ Phone: _____
Address: _____ Email: _____

I have read this complaint report and truly declare and affirm that the statements contained herein written by me are accurate, true, and complete. I understand that untruthful statements may be considered a false police report under SC statute and am willing to meet with the officer(s) investigating this case and testify at any hearings necessary.

Signature of Parent or Guardian if minor

Received by COC DPS Supervisor/Officer: _____
Date Received: _____ Time: _____