The Wake Forest University Police is committed to providing a safe and secure educational and working environment for students, faculty, staff and visitors. The department provides and maintains quality police services through progressive training and ethical conduct.

We provide 24-hour service, 365 days a year.

POLICE EMERGENCY: 911
POLICE NON-EMERGENCY: 336-758-5591

This form can also be found on the police web site.

www.police.wfu.edu
The University Police Department is committed to providing the best service possible. All our Officers have completed State Law Enforcement training that certifies them as police officers with full powers to arrest and to carry firearms. We would like to know and understand how we can better serve you. We welcome any comments, suggestions and complaints you may have regarding our procedures or personnel.

If you would like to make any comments, suggestions and complaints you may complete this form and mail it (via campus or U.S. Mail) or return it to University Police Communications in Davis, 24 hours a day, seven days a week.

All complaints will be investigated thoroughly and appropriate corrective action taken when warranted.

Please feel free to express yourself on any items which you feel should be directed to our attention. We cannot improve our services to you unless we are aware of your concerns.

Sincerely,

Regina G. Lawson
Chief of Police

Comments □ Suggestions □ Complaints

Name ____________________________
Local Address ____________________________
Phone Number ____________________________

Today's Date ____________________________ Date of Incident ____________________________

Time of Incident ____________________________
Location the incident took place ____________________________

WITNESS (Additional witnesses may be listed with attachments)

Name ____________________________
Address ____________________________
Phone ____________________________

WITNESS

Name ____________________________
Address ____________________________
Phone ____________________________

WITNESS

Name ____________________________
Address ____________________________
Phone ____________________________

IF action was taken against a person, write their name, address and phone number if known.

If Officer(s) were involved, write their name(s) if known.

Write in detail the nature of your comments, suggestions and complaints.

PLEASE PRINT

______________________________________________________
______________________________________________________
______________________________________________________

Attach Additional Pages

Attach Additional Pages