



**SAMPSON COUNTY SHERIFF'S OFFICE**  
**SHERIFF JIMMY THORNTON**

www.sampsonsheriff.com  
112 Fontana Street  
Clinton, NC 28328  
910 592-4141

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**ROSEBORO PATROL OFFICERS**  
**INFORMATION / COMPLAINT FORM**

DATE: \_\_\_\_\_

NATURE OF COMPLAINT:

- ☐ ALCOHOL VIOLATION    ☐ DRUG ACTIVITY  
☐ LICENSE VIOLATION    ☐ SPEEDING  
☐ WANTED PERSON (S)    ☐ WARRANT INFORMATION  
☐ OTHER: \_\_\_\_\_

LOCATION OF COMPLAINT: Area \_\_\_\_\_

Road Name \_\_\_\_\_

SUSPECT INFORMATION: Suspect #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Age: \_\_\_\_\_

Suspect #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Age: \_\_\_\_\_

VEHICLE INFORMATION: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Tag # \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

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I WISH TO BE CONTACTED BY PHONE REFERENCE THIS COMPLAINT:    ☐ YES ☐ NO

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I WISH TO REMAIN ANOYMOUS REFERENCE THIS COMPLAINT:    ☐ YES

**DISCLAIMER:**

All information provided on this form will remain confidential and property of the Sampson County Sheriff Office for investigative purposes