

WINSTON NO.	N-SALEM Incident Data Page 2 of 3	
Date of incident*	E AM ▼	
Location of incident*		
Name of Officer(s) If officer's name is unknown, please enter "Unknown" in the Last Name field. Please provide a physical description (height, frame, hair color, race, etc.)		
First Name 1 Add	Last Name* Description*	
Other Witnesses to the Incident		
Name *	Address	Home/Mobile Phone *
Witnesses Other than None the Complainant*		
Details of the complaint*	(Field has a 4,000 character limit)	
Attachments	Valid file fomats are jpg. pdf, wav, avi, doc, docx, xls, xlsx, mov (250 MB file size limit) Upload File Click here	
If your audio or video file fails to upload, you may provide it to the City of Winston-Salem by placing the file onto a storage device and mailing it to:		
WSPD Professional Standards Division 725 N. Cherry Street Winston-Salem, NC 27101		
Previous		Next

