

CARTERSVILLE POLICE DEPARTMENT

195 Cassville Road Cartersville Georgia 30120 Telephone – 770-382-2526 | Fax- 770-387-5651

CITIZEN COMPLAINT FORM: Complainant is hereby put on notice that knowingly and willfully making a false statement on this form may subject said individual to prosecution as provided for in Official Code of Georgia Annotated Section 16-10-71. Complainant personally appeared before the undersigned Notary Public and under oath or affirmation, gives the following statement.

COMPLAINANT NAM	VIE:		DATE:	
COMPLAINANT ADD	DRESS (STREET):		COMPLAINANT ADDRESS (City, State):	
RACE:	SEX:	DOB:	CONTACT NO:	
OFFICER NAME:			<u>'</u>	
DATE OF ALLEGED O	CONDUCT:		TIME OF ALLEGED CONDUCT:	
LOCATION OF ALLEC	GED CONDUCT:			
Please briefly describe your complaint:				

STATE OF GEORGIA – COUNTY OF BARTOW Signed and sworn to (or affirmed) before me on the day of, 20 by, (Printed name of Complainant) making statement who proved to me on the basis of satisfactory evidence to be the person who appeared before me Complainant is personally known to me Complainant produced Identification Type and # of ID:	PLEASE BE ADVISED THAT KNOWINGLY AND WILLFULLY MAKING A FALSE STATEMENT ON THIS FORM MAY SUBJECT SAID INDIVIDUAL TO PROSECUTION AS PROVIDED FOR IN OFFICIAL CODE OF GEORGIA ANNOTATED SECTION 16-10-71. Complainant Signature
Notary Public Signature	
Name of Notary: (Printed, Typed or Stamped)	
[AFFIX SEAL]	
FOR INTERNAL USE BY POLICE DEPARTMENT:	
Reviewed by Supervisor:	Date:
Reviewed by Division Commander:	Date:
Reviewed by Chief of Police:	Date:
Reviewed by Internal Affairs:	Date:
IA Investigation Opened:	YES NO
If YES, was Officer advised of the complaint:	YES NO
This complaint is classified as resolved and filed this day of _ by	

DATE:

COMPLAINANT NAME: