

Augusta University Police Department Professional Standards Division 524 15th Street, HT2312 Augusta, GA 30912 (706) 721-2914

# Augusta University Police Department

## **Citizen Complaint Form**

(To Be Completed by Person Registering Complaint)

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Comp	lainant N	Name:			Race/Sex:	Date of Birth:
Addres	s:				City/ST/Zip:	
🖀 Best	Contact I	Number to (	Call:	Best Time to	Call: E	mail Address:
(	)-	-	Ext:			

#### WITNESS INFORMATION

Name:	Address:	Phone#:
Name	Address:	Phone #
Name:	Address:	Phone#:
Name	Address:	Phone #

### **OFFICER/EMPLOYEE INFORMATION**

Name:	Badge/ID#	Car#
Name	Badge/ID#	Car#
Name:	Badge/ID#	Car#
Name	Badge/ID#	Car#

#### **INCIDENT DETAILS**

Date of Incident:	Time of Incident:	Police Report# (if known):
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Location of Incident:		

#### NARRATIVE

(Please Print Synopsis of Complaint)

(Continue in shaded area on other side)

OCGA Code 16-10-20 - "False Statements, Concealment of facts/fraudulent writings, etc., in matters within jurisdiction of state or political subdivisions" states that a person who makes a false, fictitious statement, false writing or document shall, upon conviction be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.

I, \_\_\_\_\_\_, do hereby swear or affirm, that the allegations made by me in this Complaint Form are, to the best of my knowledge

(Print Name)

and belief, true and correct.

Signature of Complainant (Parent or Guardian if Minor)

□ Personally Known to Me □ Produced Identification

Law Enforcement Officer (Signature and Badge/Id #)

AUTHORIZATION FOR ADMINSTRATIVE INVESTIGATION
(Office of Professional Standards Use Only)

Authorizing Member:		te Received:
Assign to Supervisor	☐Assign to Professional Standards Divisi	on 🗌 Other/See Attached Information
OPS Tracking Number:		
OPS Receiving Member:	Date Rec	eived:
Assigned to:	Date Ass	igned: