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| <input type="checkbox"/> Formal Investigation Number: _____ |  Norcross Police Department  Citizen Complaint Form | Report Date / Time / Method: _____ Telephone In Person Other: _____ |
| <input type="checkbox"/> Informal / Inquiry Number: _____ | | |

Complainant Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone #'s (Work/Home/Cell/Pager): _____

Complaint: _____

Occurrence Location/Date/Time: _____

Employee Receiving Complaint _____

Employee: _____ Assignment: _____

| Name of Other Persons Involved | Address, State, Zip | Phone #'s | DOB |
|--------------------------------|---------------------|-----------|-----|
| | | | |
| | | | |
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NARRATIVE: (Describe the facts of this allegation/inquiry in as much detail as possible) (Use additional sheets as needed)

Inquiry / Investigation Assigned to: _____ Date _____

Signature: Support Services Commander _____ Narrative continued on separate page YES NO

Notification of Chief of Police _____ By _____ Date _____

Complainant received verification of receipt of the complaint and was advised of investigative time limit by: _____