Complaint #		-
(Assigned	by Chief of Police)

Senoia Police Department General <u>Complaint Form</u>

Section A.	
Date/Time Received:	Received By:
Complainant's Name:	
Complainant's Address:	The second secon
Complainant's Phone Numbers:	
Complainant's or Receiving Employee's Remarks:	
	- the state of the
Zerogle 2013	1515711-141-30

If more space is needed, use Senoia Police Statement Form:

Please read before signing:

It is the policy of the Senoia Police Department to conduct fair and thorough investigations into the misconduct of employees. However, be aware that any false allegations or erroneous statements made by a complainant could result in civil and/or criminal court proceedings.

Complainant's Signature:
Receiving Employee's Signature:
Date Received By Major:
Major Signature:
Date Received By Chief of Police:
Chief of Police Signature:
Section B.
Assigned To Internal Affairs: Assigned To:
Assigned As Administrative Investigation: Assigned To:
Assigned To Other Agency Name and Contact:
Date Assigned For Investigation:
Complaint Classification: Citizen Complaint Internal Complaint Agency Vehicle Crash
Date and Signature of Receiving Supervisor/Investigator:
Date Complainant First Contacted by Supervisor/Investigators

Supervisor/Investigator	
Remarks/Suggestions:	
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If more space is needed, Use Senoia Police Statement Form:	
Supervisor's/Investigator's Conclusion of Fact/Complaint:	
(See definitions Senoia S.O.P. Chapter 19)	
Proper Conduct Improper Conduct Insufficient Evidence Unfounded	
Supervisor's/Investigator's Signature:	,
Date and Time:	
Major's	
Remarks/Suggestions:	
	-
Major's Signature:	
Date and Time:	
Section C.	
Chief of Police:	
Remarks/Suggestions:	

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Re-assigned to Internal Affairs Officer or Outside Agency? No Yes (If yes, repeat Sections B and C)
Chief of Police: Final Conclusion of Fact/Complaint:
Proper Conduct Improper Conduct Insufficient Evidence Unfounded
Date Conclusion Letter Mailed To Complainant:
Date Complaint Closed:
Signature Chief of Police: