

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/Investigator: _____

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: _____

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: _____