DATE RECEIVED:

IA CASE NUMBER:

ALLEGATION (S):

Madison COUNTY

SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION

Name:		D.O.B.
Address:		
	Work Telephone	
Home Telephone No.	No.	

COMPLAINT

Location of Incident:	
Date of Incident:	Time of Incident:
Officer's Involved:	(1)
	(2)
	(3)
	(4)

Are you willing to take a **polygraph examination and or Voice Stress Test** to confirm the allegations you have made?

Yes No

PERSONAL STATEMENT

This writing is an official document of the Madison County Sheriffs Office, Danielsville, Madison County, Georgia. Any false, fictitious, misleading, or fraudulent statements are subject to punishment under Official Codes of Georgia, Title 16, Chapter 10, 20 as a felony with a penalty that can be punishable by one (1) to five (5) years imprisonment.

Initial here to indicate your understanding:



Complainant Signature

Date

WITNESSES

WITNESS #1

Name:

Address:

Telephone No: WITNESS # 2

. .

Name:

Address:

Telephone No:

WITNESS # 3

Name:

Address:

Telephone No:

WITNESS #4

Name:

Address:

Telephone No.

WITNESS # 5

Name:

Address:

Telephone No.

WITNESS # 6

Name: Address: Telephone No.

WITNESS # 7

Name:

Address:

Telephone No.

SHERIFF'S OFFICE USE ONLY (INTERNAL AFFAIRS)

How was the complaint received?	Telephone	In Person
	By Mail	Other
Was complainant willing to sign complaint fo	rm? Yes	No

PERSON RECEIVING COMPLAINT

Name: Badge #	Rank:
Date and Time Received:	

SUPERVISOR COMMENTS