

DATE RECEIVED:
IA CASE NUMBER:
ALLEGATION (S):

**Madison COUNTY**  
**SHERIFF'S OFFICE**  
**CITIZEN COMPLAINT FORM**

**COMPLAINANT INFORMATION**

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


