



East Point Police Department Preliminary Complaint Allegation Form



IA Complaint# _____

Assigned to: IA CID FOD SSD

Date: _____

Complainant's Name _____

_____ Date

Complainant's Address _____

Home Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Allegation is against: Police Officer Civilian Employee Other _____

Type of Complaint - *Indicate by checking the appropriate box(es)*

Courtesy, Excessive Force, Law Violation, On-Duty Misconduct, Off-Duty Misconduct, Police Involved Shooting, etc.

Courtesy Use of Force (Physical) Use of Force Weapon On-Duty Misconduct

Off-Duty Misconduct SOP Violation Law Violation Other _____

Date, Day and Time of Incident? _____

Incident Location: _____, _____, _____
(Street Address, if known) (City) (State)

Case Number if Known: _____

Witness Information:

Name: _____ Address: _____ Tel. _____

Name: _____ Address: _____ Tel. _____

Please give statement: _____

Once you have completed this form, you may telephone the Police Administration Office, (404)559-6218 or 404-559-6219 and request to speak with the Internal Affairs Unit.

I understand that by signing this form, I am stating that these are the facts to the best of my knowledge. I also understand that if I make a false statement to an officer, criminal actions may be levied against me.

Complainant's Signature _____

_____ Date



East Point Police Department Complaint Allegation Supplemental Form

Page ____ of ____

Complainant _____ Date _____

Complainant's Address _____

Additional Witness(es)

Name: _____ Address: _____ Tel. _____

Name: _____ Address: _____ Tel. _____

Please continue statement: _____

Signature _____ Date _____