



<b>East Point Police Department Policy Manual Written Directive System</b>		
<b>Effective Date:</b> 11/4/2021		<b>Special Order</b>
		<b>EPPD.SO.2021-07 Form Implementation Revised Preliminary Complaint Allegation and Supplemental Forms</b>
<b>Applicable To: All Department Personnel</b>		
<b>Approval Authority: Russell Popham, Deputy Chief of Police</b>		
<b>Signature:</b> 	<b>Date Signed:</b> 9-30-2021	

**PURPOSE**

To implement the Department's authorized Preliminary Complaint Allegation Form.

**POLICY**

It is the policy of the East Point Police Department that employees use only those form authorized for capturing and or reporting information specific to the police department that is for department use only.

**PROCEDURE**

1. The following revised form is authorized for use by department employees and distribution to citizens and non-department employees for filing allegations of misconduct by department employees.
  - Preliminary Complaint Allegation Form #021 and Preliminary Allegation Supplemental Form # 021A, revision date 11/01/2021.

The form is stored in the department's "P Drive", Uniform Forms folder. It is also accessible on the City's website [www.eastpointcity.org/east-point-police](http://www.eastpointcity.org/east-point-police).

2. Completed forms will be forwarded to the Internal Affairs Unit. Completed forms will not be saved on the department's "P Drive".

**CANCELLATION**

This Special Order cancels and replaces all previous versions of the Preliminary Complaint Allegation and Supplemental forms. Forms that have been cancelled are no longer authorized for use.



# 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: \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_