PERRY POLICE DEPARTMENT

CITIZEN'S COMPLAINT AGAINST A POLICE EMPLOYEE

Complainant's Name: _____ DOB: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

INCIDENT INFORMATION:

Please write the nature of your complaint below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

AFFIDAVIT INFORMATION:

I swear or affirm the facts outlined in this complaint are true and accurate to the best of my knowledge. **(Georgia Code 16-10-26 makes it a crime to give a false report of a crime to a law enforcement agency.)**

_____ _____

Complainant Signature Date

_____ _____

Notary Signature Date Seal

PPD FORM 100-16