



PUBLIC COMPLAINT FORM

COMPLAINANT INFORMATION

Last Name		First Name	
Address		City, State and Zip	
Phone	Cell	Alternate Numbers	
Alternate Address		City, State and Zip	

DETAILS

Date of Incident	Time	Location
Date Reported	Time	Location
Police Services Involved		Officer/Badge Number
Location		
I am complaining...(finish sentence)		

PHYSICAL EVIDENCE

Physical Injury? YES. <input type="checkbox"/> NO. <input type="checkbox"/>		
If yes, describe...		
Medical Treatment? YES <input type="checkbox"/> NO. <input type="checkbox"/>		
Date	Time	Location
Physician:		Phone:
Including Photos? YES <input type="checkbox"/> NO <input type="checkbox"/> . If yes, list on page two.		
Interpreter Requires? YES <input type="checkbox"/> NO <input type="checkbox"/> . If yes, Language:		
Signature		
Date		



PUBLIC COMPLAINT FORM

Discription of complaint (continued)

Officers Involved

Name	Badge#
Name	Badge#
Name	Badge#
Name	Badge#

Discription of Officers if names unknown

Witnesses

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

Photographs or other Evidence

Completed by officer receiving complaint:

Name: _____ Rank/Badge# _____

Location: _____

Complaint received by Letter Person Fax Email

Photos taken by police Yes No. If yes: date, time and officer & badge number

Date:	Time:	Name/Badge:
-------	-------	-------------



PUBLIC COMPLAINT FORM

Consent to release medical information obtained from complainant

Copy of completed complaint provided to complainant

Preliminary complaint classification by chief

Informal resolution discussed Yes No If yes, attach. If no, explain.

Person information on this form is collected and disclosed under the authority of the Police Services Act (s.57 and/or 58) and will be used for the purpose of investigating the complaint herein.

Question directed to Oak Park Police Department.

Address: 3857 Harrington Street, Lyons GA 30436

Telephone: 912-578-3003