**Augusta University Police Department**

**Citizen Complaint Form**

(To Be Completed by Person Registering Complaint)

<table>
<thead>
<tr>
<th>Complainant Name:</th>
<th>Race/Sex:</th>
<th>Date of Birth:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>City/ST/Zip:</th>
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<table>
<thead>
<tr>
<th>☐ Best Contact Number to Call:</th>
<th>☐ Best Time to Call:</th>
<th>Email Address:</th>
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**WITNESS INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone #:</th>
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**OFFICER/EMPLOYEE INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Badge/ID#:</th>
<th>Car#:</th>
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**INCIDENT DETAILS**

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
<th>Police Report# (if known):</th>
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<th>Location of Incident:</th>
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**NARRATIVE**

(Please Print Synopsis of Complaint)

(Continue in shaded area on other side)
OCGA Code 16-10-20 - "False Statements, Concealment of facts/fraudulent writings, etc., in matters within jurisdiction of state or political subdivisions" states that a person who makes a false, fictitious statement, false writing or document shall, upon conviction be punished by a fine of not more than $1,000 or by imprisonment for not less than one nor more than five years, or both.

I, ______________________, do hereby swear or affirm, that the allegations made by me in this Complaint Form are, to the best of my knowledge and belief, true and correct.

________________________
Signature of Complainant

(Person or Guardian if Minor)

[ ] Personally Known to Me
[ ] Produced Identification

________________________
Law Enforcement Officer (Signature and Badge/Id #)

AUTHORIZATION FOR ADMINISTRATIVE INVESTIGATION
(Office of Professional Standards Use Only)

Authorizing Member: __________________________ Date Received: __________________________
(Chief of Police or Designee)

[ ] Assign to Supervisor [ ] Assign to Professional Standards Division [ ] Other/See Attached Information

OPS Tracking Number: __________________________
OPS Receiving Member: __________________________ Date Received: __________________________
Assigned to: __________________________ Date Assigned: __________________________