



COMPLAINT FORM

CLAYTON POLICE DEPARTMENT
837 Highway 76 W, Clayton, GA 30525
Phone (706) 782-2181 | Fax (706) 782-2630
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COMPLAINT PROCESS

The Clayton Police Department seeks to serve our community with pride and professionalism. Our officers are expected to be proactive, professional, and community oriented. To serve you better, we welcome your suggestions, constructive criticism, or complaints, including complaints against specific officers. All complaints will be investigated thoroughly, and appropriate corrective action will be taken when warranted. You may submit this form in person, by mail, by fax, or by email at the information above.

INCIDENT INFORMATION

Full Name: _____ Phone Number: _____

Full Street Address: _____

Witness Name: _____ Witness Phone: _____

Witness Address: _____

Employee Involved: _____ Date/Time: _____

Incident Location: _____

Provide a detailed description of events. Please attach additional pages as needed:

ACKNOWLEDGEMENT & SIGNATURE

- Any person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof is guilty of a felony. (O.C.G.A. 161020)
- Any person reporting to a peace officer an offense or incident within the officer's concern knowing that the offense or incident did not occur; or a person making a report to a peace officer relating to an offense or incident within the officer's concern, knowing that he/she has no information relating to the offense of incident, upon conviction thereof is guilty of a misdemeanor. (O.C.G.A. 161026)
- I have read and understood the above statement:

Complainant's Signature: _____ Date: _____