

CITY OF ARAGON
ALLEGATION OF MISCONDUCT/INQUIRY
FORM

COMPLAINANT INFORMATION

NAME (print) _____ ADDRESS: _____

Home Phone() _____ Work Phone () _____

INCIDENT INFORMATION

Incident Date: _____ Incident Time: _____

Incident Location: _____

Employees Involved: _____

Witnesses: _____

Address: _____

Phone Number: _____

Nature of Complaint: _____

NOTICE TO COMPLAINANT

The City of Aragon Police Department recognizes that citizens should feel free to issue valid complaints regarding the conduct of its employees. All complaints are permanently documented. Knowingly making false statements or allegations may result in criminal prosecution for False Statements (O.C.G.A. 16-10-20) or False Swearing (O.C.G.A. 16- 10-71). Your signature below verifies that you have read and understand this notice.

Complainants Signature

Date

All parties filing a formal written complaint are entitled to receive a copy of the original statement free of charge.

RECEIVING SUPERVISOR

Supervisor Receiving Complaint: _____

Date: _____ Time: _____