Whitesburg City Hall

Complaint Form

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

Date complaint filed: _____ Time: _____

Date of Incident: _____ Time: _____

Officer(s) or Employee(s) Complaint against: _____

Describe the Complaint (Use additional pages if necessary):

_____
_____
_____
_____
_____
_____
_____
_____

O.C.G.A. 16-10-20 False statements and writings: concealment of facts

A 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 documents, 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, be punished by fine of not more than $1,000 or by imprisonment of not less than one nor more than five years, or both.

Complainant's signature: _____

Employee receiving complaint: _____ (print)

Date received: _____ Time received: _____