



Complaint Form

Warner Robins Police Department

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|--|----------------|-----------------------------|
| Complainant's Last Name, First, Middle | Race/Sex | Date of Birth |
| Address City State Zip | Home Phone () | Work Phone () |
| Person/Supervisor Receiving Complaint (Other than OPS) | ID# | Squad / Division Assignment |

Complete this portion if complainant is a minor or if assisted by another person

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|---------------------------|-------------------------------|
| Last Name, First, Middle | Relationship to Complainant |
| Address City State Zip | Home Phone () Work Phone () |

| | | | |
|------------------------|-----|------|------|
| Location of Occurrence | Day | Date | Time |
|------------------------|-----|------|------|

Identity of Involved Personnel

| ID No. | Name / Vehicle No., etc. | Officer | Civilian | Sex | Race |
|--------|--------------------------|---------|----------|-----|------|
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Brief Narrative Using Own Words. If you need more space, use an additional sheet of paper. Any questions, call the Office Of Professional Services at 478-302-5416.

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| Were you Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe) | What would you like as a result of this complaint? |
|---|--|

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|------------------------------------|-----------------------|--------------------------|
| Witness Name (Last, First, Middle) | Address City / Zip | Phone (include AreaCode) |
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| | | |

I have read and understood this statement, which I have made of my own free will and the facts contained therein are true and correct to the best of my knowledge.

Complainant's Signature X _____ Date _____