

ROCKDALE COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM



PLEASE PRINT CLEARLY

COMPLAINT TRACKING NUMBER <i>(Issued by the Office of Professional Standards)</i>		C -	
COMPLAINT INFORMATION			
DATE			
FULL NAME <i>(Last, First, Middle)</i>			
HOME ADDRESS <i>(Street, City, State, Zip)</i>			
MAILING ADDRESS <i>(If different from Home)</i>			
TELEPHONE NUMBER(S) <i>(Include all contact numbers – home, work, cell, etc.)</i>			
EMAIL ADDRESS			
RACE		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH		AGE	
INCIDENT INFORMATION			
DATE		TIME	
INCIDENT LOCATION			
LOCATION TYPE <i>(Check One)</i>	<input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENCE	HWY / ROADWAY	<input type="checkbox"/>
If BUSINESS, Include Name of Business			
NAME AND BADGE NUMBER OF DEPUTY(S) INVOLVED <i>(Add additional sheets if necessary)</i>			
	Badge #	Name of Deputy	
1			
2			
3			
Was a supervisor requested at the scene?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
If YES, did the supervisor arrive at the scene?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Was anyone arrested related to this incident?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did the incident result in your arrest?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Case Number of Incident			
LIST ALL CHARGES, IF YOU WERE ARRESTED <i>(Add additional sheets if necessary)</i>			
1			
2			
3			
4			

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Are you be willing to submit to a polygraph examination regarding the information contained in your complaint?		NO	YES
SWORN AFFIDAVIT OF COMPLAINT			
I, _____,	_____		, do swear and
<p>And affirm that all statements and information relayed in this document, as well as those given verbally to any representative of the Rockdale County Sheriff's Office, are true and correct to the best of my knowledge and belief. I also understand that any knowingly false statement and/or accusations made by me can be used for prosecution under Georgia law (O.C.G.A. § 16-10-17) that reads:</p> <p>(a) A person to whom a lawful oath or an affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.</p> <p>(b) A person convicted of the offense of false swearing shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.</p>			
Complainant/Affiant Name (PRINT)		_____	
Complainant/Affiant Signature		Date	_____
Witness Name (PRINT)		_____	
Witness Signature		Date	_____

FOR RCSO USE ONLY					
RECEIVED	Date	_____		Time	_____
	RCSO Employee		_____		
Forwarded to OPS		Date	_____		
OPS Investigator Assigned Complaint			Date	_____	
OPS Assigned to (Line Supervisor, etc.)			_____		
Findings of Complaint		_____			
Complaint Returned to OPS		Date	_____	Filed (Date)	_____