



Citizen Complaint Form

COMPLAINANT INFORMATION

Name: First _____ Last _____
 Address: _____
 City _____ State _____ Zip _____
 Phone: Home () _____ Work () _____
 Cell () _____ Emergency No. () _____
 Email Address: _____
 Employer: _____
 Date of Birth: ____ / ____ / ____ Current Age: _____
 Gender: ____ Male ____ Female
 Race: ____ African American ____ Asian ____ Hispanic ____ White ____ Other

INCIDENT INFORMATION

Incident Date: ____ / ____ / ____ Incident Time: ____:____ a.m. or ____ p.m.
 Incident Location: _____

Name /Badge Number of Officer(s) Involved:

Officer _____ Badge No. _____
 Officer _____ Badge No. _____
 Officer _____ Badge No. _____

Officer(s) Employed by: ____ Atlanta Police Department, **OR**
 ____ Atlanta Department of Corrections

Name(s) of Witness(es) to Incident:

Name _____ Contact No. _____
 Name _____ Contact No. _____
 Name _____ Contact No. _____

Is there any evidence available about the incident, such as copies of traffic tickets, police reports, photographs or medical records? ____ Yes or ____ No
 If "Yes," please describe and attach copies: _____

Please describe your complaint (*You may use additional paper if necessary*):

Would you be willing to meet with the officer to discuss this issue? ____ Yes or ____ No

How did you hear about the ACRB? _____

I solemnly swear or affirm that the above statement is accurate.

Signature of Complaining Party:

Name: _____ Date: _____

Important Note! This complaint cannot be processed without a signature.

FOR OFFICE USE ONLY Date Received: _____
 Received by: _____

INSTRUCTIONS

The Atlanta Citizen Review Board (ACRB) accepts complaints against officers of the Atlanta Police Department (APD) and the Atlanta Department of Corrections (ADC).

By law, ACRB is authorized to review the following types of complaints: **abuse of authority, abusive language, appropriate action required, conduct, discrimination, discriminatory references, failing to provide identification, false arrest, false imprisonment, harassment, retaliation, and use of excessive force, serious bodily injury, death and violation of APD & ADC department standard operating procedures.**

The ordinance further requires that complaints be filed within 180 days of the incident.

Your complaint will be reviewed and classified by the Investigation Manager of the ACRB. You will receive an acknowledgement confirming receipt of the complaint. If the incident is investigated, you may be asked to provide a more complete statement under oath. Some information provided to the ACRB is subject to the Georgia Open Records Act.

IMPORTANT! Fill in this form COMPLETELY.

You must PRINT or TYPE all your answers.

IF YOU NEED HELP completing this form, please call us at 404-865-8622, or email us at acrb@atlantaga.gov. Complaints may also be filed online: www.acrbgov.org

RETURN THIS COMPLETED FORM in person or by fax or mail to this address: _____

Atlanta Citizen Review Board / 55Trinity Ave., SW, Suite 9100 / Atlanta, Georgia 30303
 Office: 404-865-8622 / Fax: 404-546-8401 / acrb@atlantaga.gov