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.

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