


Control Number	 <b>Norcross Police Department</b> <b>Citizen Complaint Form</b> 	Complaint received by:
Date / Time Received		<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> E-mail <input type="checkbox"/> Mail

<b>Complainant's Information</b>		
Complainant's Name:		
Street Address:		
City:	State:	Zip:
Contact Number:		

<b>Complaint Information</b>	
Employee Receiving Complaint:	
Type of Complaint:	<input type="checkbox"/> Unprofessional / Rudeness <input type="checkbox"/> Excessive Force <input type="checkbox"/> Racial Issue or Profiling <input type="checkbox"/> Neglect of Duty <input type="checkbox"/> Other (Please explain below in narrative)
Date and Time of Complaint:	Location of Complaint:

**Narrative (Please provide the facts related to the allegation with as much detail as possible)**

If Statement / Narrative is Attached

<b>Employee(s) Involved In Complaint</b> (Please Check Box, if Unknown <input type="checkbox"/> )		
#1 -	#2 -	#3 -
Assignment:	Assignment:	Assignment:

<b>Witness Information</b> (Please Check Box, if None <input type="checkbox"/> )		
Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

**This form will be provided to any citizen upon request and any employee may accept and / or assist any citizen with filing a complaint. The form will be forwarded to the Support Services Commander upon receipt.**